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CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION

Initial reports of States parties due in 1995

Addendum

SURINAME

[13 February 1998]

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Introduction

1. In March 1993 the Convention on the Rights of the Child was ratified unconditionally and without any reservations by the Republic of Suriname, after the National Assembly had given its approval for the Government to do so. The ratification of the Convention creates national and international obligations for Suriname, for the Government considers this Convention as an expansion of its policy which is based on sustainable development in which human beings - and most certainly the children of Suriname - have a central position.

2. Before and after the ratification of the Convention on the Rights of the Child the Government of Suriname participated in different international and regional conferences on children. The most important of such conferences was the World Summit for Children in New York when the then President of Suriname committed himself to realize the goals laid down in the World Declaration on the Survival, Protection and Development of Children.

3. Although the Convention was ratified in 1993, it was not until January 1995 that the Government of Suriname installed a National Commission on the Rights of the Child, which was made responsible for the coordination of the implementation and monitoring of the Convention on the Rights of the Child in Suriname. This Commission was furthermore assigned the following two important tasks: to write the country report under article 44 of the Convention, and to draw up a National Plan of Action for Children in Suriname.

4. After extensive deliberations with all social sectors, the National Commission on the Rights of the Child completed the country report in September 1996 and submitted it to the Ministry of Social Affairs and Housing, the Ministry which is charged with the coordination of all matters concerning the Convention. In view of the manner in which the country report was drawn up, it can be said that national consensus was reached on the contents of this report. It is on the basis of the findings of this report, among other things, that a National Plan of Action is at present being drawn up, which will guarantee the survival, effective protection and sustainable development for the children of Suriname.

I. GENERAL MEASURES

A. Introduction

5. One of the characteristics of Surinamese society is the important role awarded to the care of children. This is demonstrated by the large number of non-governmental organizations involved in the care of children - besides and often in the place of government services. The economic crisis which started in the 1980s and reached a climax in 1994 and 1995 caused a dramatic change in the provisions of this care. To combat the crisis, the Venetiaan administration (1991-1996) commenced with the implementation of a structural adjustment programme, which had far-reaching negative consequences for the

most vulnerable groups in the country, including the children. The enormous brain drain in the health and education sectors has particularly undermined the situation of children. A joint approach in reply to innumerable, related problems is a precondition for the sustainable improvement of the circumstances of life for children in Suriname.

6. The following events are worth mentioning in regard to harmonizing national laws and policy with the provisions of the Convention on the Rights of the Child:

(a) Participation of the then President Ramsawak Shankar in the World Summit for Children in September 1990, during which the Declaration on the Survival, Protection and Development of Children and a Plan of Action directed towards the implementation of this declaration were approved;

(b) Ratification of the Convention on the Rights of the Child by President R. Venetiaan in March 1993;

(c) Installation of a National Commission on the Rights of the Child by the Minister of Social Affairs and Housing in January 1995;

(d) Proclamation of the year 1996 as the Year of Fighting Poverty;

(e) Approval by the Council of Ministers in February 1996 of a bill on the further amendment of the Surinamese Civil Code, in particular with respect to the removal of the difference between legitimate and natural children in the inheritance laws.

7. With these international and national actions, the Government of Suriname has officially committed itself to providing a better future for all children in the country and has thus accepted the challenge to achieve cohesive and purposeful government policy and actions.

8. When the National Commission on the Rights of the Child was appointed by the Minister of Social Affairs and Housing in January 1995, it was assigned manifold tasks, including the writing of the present country report and drawing up a National Plan of Action for Suriname, giving advice to the Government on children's rights, monitoring the situation of children in Suriname, and doing everything possible to make the Convention more widely known. One of the main constraints encountered by the Commission has been the lack of appropriate mechanisms for coordination of activities for the implementation of the Convention on the Rights of the Child in the country. These include: a lack of inter- and intra-ministerial coordination of children's and family matters, a lack of up-to-date data on the situation of children and women, weaknesses in the data-monitoring mechanisms. Within this context, the Commission therefore recommends that the Under-Minister in the Ministry of Social Affairs and Housing be made responsible for activities concerning child well-being, family welfare, and the overall implementation of the Convention in the country. This arrangement will promote synergy in the activities of the various sectors of the Government.

B. Legislation and policy

9. According to the Constitution, each child, without distinction, has the right to protection. Furthermore, the Constitution lays down that parents bear the same responsibility for their legitimate and natural children. The Constitution further states that minors shall enjoy special protection directed towards ensuring their enjoyment of economic, social and cultural rights.

10. In 1992, before the Convention on the Rights of Children was ratified, the Ministry of Justice and Police took the initiative to carry out a thorough study of the Surinamese legislation, aimed at identifying legislation which was in contravention of the Convention. The investigation showed that the greater part of the Surinamese legislation is in agreement with the Convention. The complete realization of children's rights in Suriname will therefore not require any great adjustments of the legislation. What is necessary, however, is a coherent and purposeful national policy aimed at the development of children and the implementation of regulations aimed at the protection and development of children.

11. Concerning provisions which are in contravention of the Convention, the following bills are ready for submission to the National Assembly:

(a) A bill on the further amendment of the Surinamese Civil Code for the removal of the difference between legitimate and natural children in inheritance laws;

(b) A bill on visitation rights of divorced parents;

(c) A bill on hearing minors during court proceedings which concern their personal interest;

(d) A bill on offences against public decency.

C. Measures to publicize the Convention

12. The National Commission on the Rights of the Child is at present conducting a publicity campaign which aims at making the Convention and its contents better known. This campaign comprises, among other things, printed material, including a logo, exhibitions, posters and a children's game; and audio-visual material, slogans, radio and television programmes, exhibitions of children's drawings and free expression, children's conferences.

13. The Foundation for Human Development has carried out promotional work for the Convention since its founding in 1989. Its activities have included a "children's day" on the fifth of each month. On these days, one of the rights laid down in the Convention is dealt with through newspaper articles, discussion days, television and radio programmes, or visits to schools. Another initiative to promote the Convention was to collaborate with one of the local radio stations (SRS) to broadcast a children's programme every Saturday morning, during which children would discuss the situation in Suriname and how it could be improved. This organization further organized three discussion days in the past two years which focused on children in

conflict with the law, adoption and separation from parents, and health. The first two were for adults, the last was for children. In a follow-up activity in September 1996, the Foundation for Human Development carried out a study among young delinquents in the detention centre of the Juvenile Affairs Department of the Police and in prisons on how the recommendations of the first discussion day were being carried out.

II. DEFINITION OF CHILD

A. Age of attainment of majority

14. Article 382 of the Surinamese Civil Code states that a minor is every person who is younger than 21 years of age and has never entered into marriage. Dissolution of marriage before one has reached the age of 21 does not mean, however, that the person concerned will again become a minor. In the law of Suriname, a distinction is made between a marriage according to civil law and one contracted under the Asian Marriage Act. In order to enter into a civil marriage, the male partner must be at least 18 years of age and the female partner at least 15 years of age. According to the Asian Marriage Act, the age limit for the male partner is 15 years and for the female partner 13 years. Parental consent is required for both male and female partners up to the age of 30 years to enter into marriage according to civil law. The age of voting is 18 years.

B. Compulsory school attendance

15. According to article 20 of the Compulsory School Attendance Act (Bulletin of Acts and Decrees 1960), parents or guardians have the obligation to have children between the ages of 7 and 12 years attend primary school on a regular basis, if the possibility for this exists.

C. Labour

16. The 1963 Labour Act (Bulletin of Acts and Decrees 1963, No. 163, amended by Bulletin 1983, No. 91) makes a distinction between youthful persons and children. Youthful persons are persons between the ages of 14 and 18 years. Children are persons younger than 14 years of age. This law forbids the performance of labour by children inside and outside an enterprise, irrespective of whether this takes place against payment of wages or an allowance.

D. Obligation to be heard in civil cases

17. As far as the law of civil procedure is concerned, the only obligation that children be heard is for adoption cases, and then only for children of 12 years and older (art. 677 c, para. 5 of the Code of Civil Procedure). In cases of complaints of the guardian concerning the behaviour of the minor, the judge is obliged to hear the minor (art. 44 of the Civil Code).

18. A child who has committed a criminal offence before he has become 10 years of age shall not be prosecuted (art. 56, para. 1, of the Code of Criminal Procedure). Minors between the ages of 10 and 16 years shall not

be sentenced to imprisonment (art. 56, para. 2, of the Code of Criminal Procedure). Minors between the ages of 16 and 18 years can be sentenced to imprisonment, provided that the main penalties laid down for criminal offences shall be decreased by one third. In case of a criminal offence for which capital punishment or life imprisonment can be pronounced, the maximum term of imprisonment to which a minor can be sentenced is 15 years.

E. Compulsory military service

19. According to the Compulsory Military Service Act (Bulletin of Acts and Decrees 1970, No. 98), persons who have reached the age of 18 years but who are not yet 35 years old are obliged to perform military service. This Act has been repealed; military service is no longer compulsory.

III. GENERAL PRINCIPLES

A. Non-discrimination (art. 2)

20. According to the Constitution, no one may be discriminated against on the basis of birth, sex, race, language, religion, descent, education, political opinion, economic position, or social or any other status. Furthermore, the Constitution lays down that minors must be provided with extra protection so that they can enjoy economic, social and cultural rights. These include: admission to education, culture and work; vocational training; physical education, sports and recreational activities. These provisions are reflected in the care and services provided in the fields of health and education for children from the time of their birth. Essential health care is provided for children and mothers.

21. In deviation from the principle laid down in the Constitution concerning non-discrimination, the inheritance laws make a distinction between legitimate and natural children. Natural children inherit - if the deceased person has left legitimate children or a spouse - one third of the part which they would have inherited if they had been legitimate. If the deceased does not leave any legitimate children or a spouse, but did have blood relatives in ascending line, or brothers and sisters or their descendants, natural children inherit half of the deceased's estate. Natural children inherit three fourths of the deceased's estate if there are only descendants in a further degree. Only if the deceased person has no legitimate descendants can natural children inherit the entire estate in accordance with article 893 of the Civil Code.
The natural child only has a family law relationship with the father who has acknowledged him/her and with his/her mother. There exists no family law relationship between the natural child and his grandparents and other blood relatives. A natural child cannot lay any claim to goods of blood relatives of his parents. In February 1996, the Council of Ministers approved the bill for the removal of the difference in the inheritance laws between legitimate and natural children. This amendment intends to realize the principle of non-discrimination as laid down in the Convention. This bill still has to pass the National Assembly.

B. The best interest of the child (art. 3)

22. The Constitution of Suriname provides that working women are entitled to paid maternity leave. Moreover, the State acknowledges the exceptional value of motherhood.

23. In Suriname there are no special courts which decree in cases of family law. There is no special juvenile court either. In general, a number of deputy members of the Court of Justice are charged with hearing family law cases. In criminal court, judges are charged with hearing juvenile cases for a certain period of time in rotation. Within the public prosecutions office there are three public prosecutors who handle the prosecution of juveniles. The lack of specially trained juvenile judges is regarded as a great constraint. Both the civil and criminal judges usually lack the specific skills and are often insufficiently informed on developments in the field of juvenile law.

24. The Ministry of Social Affairs and Housing is responsible for, among other things:

(a) The general welfare, more in particular the social care, of the aged, the physically and mentally disabled, and the youth, including the care of juveniles who have been placed under State supervision;

(b) The supervision of orphanages, boarding schools and similar social institutions.

Social care for juveniles by the Ministry is almost non-existent. The Ministry was operating two homes for children with behavioural problems, one for girls and one for boys. Owing to a lack of competent personnel, among other things, and a lack of finances, the home for girls has been closed.

25. In March 1996 the results of the preparatory work carried out by a group of organizations to draft a bill on child care in daycare centres and children's homes was presented to the Ministry.

26. Private organizations which run children's homes receive a government subvention for each child per month. This amount is not at all sufficient to provide for the care of the children in the homes. While there are no legal requirements in Suriname governing the supervision of these private institutions, in particular as regards safety, health, the number of required personnel and their capabilities, efforts are now being made to draft legislation.

C. Right to life, survival and development (art. 16)

27. Article 14 of the Constitution lays down that everyone has a right to life and this right is protected by law.

28. The unborn child is also protected in Suriname. According to the Civil Code an unborn child is regarded as having been born as soon as its interest is in question; this usually has to do with financial rights. For example, a guardian may be appointed for the unborn child if a woman declares herself to

be pregnant after the death of her husband (art. 400 of the Civil Code). An unborn child may be named as an heir (arts. 865 and 927), may be granted usufruct (art. 791) and may receive gifts (art. 1689).

29. Furthermore, according to the Code of Criminal Law, abortion is punishable. The interruption of the development of an unborn human life is considered as such a serious measure that it can only be accepted if the woman's life is endangered.

D. Respect for the views of the child (art. 12)

30. In cases concerning the authority over minors as laid down in Book I of the Civil Code, the minor is not given any possibilities to be heard (arts. 282; 410, para. 4; 436, para. 3; 438a, para. 3; 438b, para. 2 of the Civil Code). In case a child who is under parental power is placed under guardianship, the cantonal judge will only make a pronouncement after the child has been heard or has been properly summoned.

31. In the Code of Civil Procedure the only obligation that a child be heard is in case of adoption of a child who is at least 12 years of age.

32. In complicated cases in particular, Surinamese judges have developed the custom to hear children of at least 12 years old. The judges take into account each case and do not sharply adhere to the age limit of 12 years.

IV. CIVIL AND POLITICAL RIGHTS

A. Name and nationality (art. 7)

33. According to Surinamese law, the birth of a child must be entered in the Registers of Births within 3 days, not including Sundays and holidays (16 days for the districts). Notification of birth can be given in writing, provided it is signed by the informant and two witnesses. After 3 (or 16) days, entry of birth can only be made upon the authority of the Procurator General. The registrar will draw up a certificate of the notification of birth and he/she is authorized to demand that the child concerned be shown. The written notification of birth is appended to the Register of Births.

34. Notification of birth must be made by the child's father. If the father is unknown or if he is absent or prevented, notification of birth will be made by the physician, midwife or other person present at the birth and, if the mother gave birth at a place other than her home, by one of the above-mentioned persons or the person at whose home the child was born. Notification of birth is made to the registrar of the place where the child is born. The information to be provided includes date of birth, place of birth, time of birth, the identity of the parent(s) and the child's name.

35. With the exception of the interior of Suriname, the obligation of notification of birth is complied with reasonably well, although there are many instances of late notification, requiring permission from the Procurator General. As a consequence of the war in the interior of Suriname between 1986 and 1991, the branch offices of the Civil Registry Office became inoperative. Since then, notification of birth is done through the

Medical Mission, where this organization has posts in the interior. The Medical Mission in turn provides all information on births periodically to the Civil Registry Office. Since May 1995, civil servants of the Civil Registry Office have been registering persons in the interior who might not yet have been added to the Register of Births. For an effective and efficient registration of persons in the interior, the infrastructure must be improved. Furthermore, personnel will have to be recruited. Local persons are at present being used for this work.

36. The Surinamese Civil Code states that every individual has one family name and one or more first names. Legitimate and natural, acknowledged children bear the name of the father/person who has acknowledged them, while natural, non-acknowledged children bear the mother's name. The first name given to the child may not be offensive or go against good morals.

37. Suriname bases itself on the principle of descent. Pursuant to the Nationality and Residence Act (Bulletin of Acts and Decrees 1975, No. 171) the following persons shall have Surinamese nationality by birth:

(a) A legitimate, legitimized or natural child who has been acknowledged by the father who held Surinamese nationality at the time of the child's birth;

(b) A legitimate child of a Surinamese national who has died before the child was born;

(c) A natural child born in Suriname who has not been acknowledged by the father, unless it appears that this child holds the nationality of another State.

38. Parents are obliged to take care of and educate their children (arts. 157 and 351 of the Civil Code). Furthermore, the father of a natural, non-acknowledged child is obliged to provide for the maintenance and education of his child in accordance with his means (art. 342 of the Civil Code). If the child, after attaining the age of majority, is unable to take care of himself because of a physical and/or mental disability, the father shall remain obliged to provide for the child. The mother and father of a natural, acknowledged child are obliged to maintain and educate the child as long as he/she has not attained the age of majority (art. 358 of the Civil Code).

B. Preservation and respect of identity (art. 8)

39. The name of the child must be given for entry in the Register of Births. For a legitimate child, both the father's name and the mother's name are given in the birth certificate. For a natural child only the mother's name is given. A change of the child's family name can only take place on the authority of the President of the Republic of Suriname, while a change of the first name can take place on the order of a cantonal judge. A note is made in the margin of the birth certificate if a natural child is acknowledged by the father.

40. Since 1987 there is a compulsory citizens' registration for each resident of Suriname who holds Surinamese nationality and is 16 years of age

or older. An identity card is provided with a photograph of the person concerned, his/her family name, first name(s), date of birth, place of birth, the holder's sex and the ID number. There are no sanctions for not having an identity card; however, it can cause administrative problems.

41. The Civil Registry Office provides a family booklet for married couples and for unmarried mothers. This booklet gives the family relationship and personal details. The family booklet is not a legal document.

C. Freedom of expression (art. 13)

42. The Constitution provides for freedom of expression. As mentioned earlier, only in adoption cases is there an obligation to hear children, and then only children of at least 12 years of age, and in case of a complaint by the guardian concerning a minor's behaviour, the cantonal judge is obliged to hear the child concerned. In practice, the Surinamese courts tend to hear children of 12 years and older in complicated cases. For the rest, there are no specific provisions in the Surinamese legislation which express respect for freedom of expression by the child.

43. In general, children in Suriname are not encouraged to give their own opinion or views at home or in school. Children who are encouraged to do so are often considered impudent or impertinent by their elders. In most schools teachers still apply the rule that they know best and that their students must accept everything they say or do without protest.

D. Freedom of thought, conscience and religion (art. 14)

44. Article 19 of the Constitution lays down that every individual has the right to express his/her thoughts or feelings and opinion through the printed press or other media, with due respect for every individual's responsibility in accordance with the law. Article 38 of the Constitution lays down the right to education and cultural expression, and article 39 of the Constitution lays down that the State shall guarantee the right of all citizens to education and shall eradicate illiteracy. Moreover, it is stated that the State, through its education policy, shall enable access for all citizens, in accordance with their capacities, to the highest levels of education, scientific research and artistic expression.

45. Article 18 of the Constitution establishes freedom of religion and conviction. No special provision has been made therein for children. The Constitution further prohibits every form of discrimination on the basis of religion or any other status.

E. Freedom of association and of peaceful assembly (art. 15)

46. There are associations of secondary school students which direct their attention mainly towards recreational activities. No information is available on associations of primary school students.

47. In article 21 of the Constitution the right to peaceful assembly is acknowledged. The exercise of this right, however, can be subjected to

regulations and restrictions in the interest of public order, security, health and good morals. A request to hold a demonstration will have to be submitted to the District Commissioner.

F. Protection of privacy (art. 16)

48. According to the provisions of article 17 of the Constitution, every individual has the right to respect of his/her privacy, honour and good name. No one's home may be entered without permission and without an order issued by the competent authorities. Moreover, it is determined that secrecy of correspondence, telephone and telegraph is inviolable, unless in cases provided by the law. These provisions are general and are not directed specifically towards children. They do reflect, however, a general atmosphere in which parents can teach their children independence and feelings of responsibility with due respect for their privacy.

G. Prohibition of torture or other inhumane or degrading treatment or punishment (art. 37 (a))

49. In accordance with the provisions of article 9 of the Constitution, every individual has the right to physical, mental and moral integrity and no one may be subjected to torture or degrading or inhumane treatment or punishment. Article 16 of the Constitution further lays down that every individual has a right to personal freedom and safety and that no one will be robbed of his/her freedom except on the grounds and in accordance with the procedures laid down by law. In view of the provisions of articles 48 through 66 of the Code of Criminal Procedure, no one may be arrested or deprived of his/her freedom except by virtue of an order issued by the competent authorities. Everyone who has been deprived of his/her freedom has the right to treatment in accordance with human dignity, in pursuance of the provisions of article 16 of the Constitution. The above provisions apply to all citizens, including children.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

A. Parental guidance (art. 5)

50. The Constitution lays down that parents have the same responsibilities towards their legitimate and natural children. The Constitution acknowledges and protects children. The State holds particular value for the family as the basis for society and for the maintenance of the original nature of the Surinamese family, including the values and norms relating thereto. Moreover, the State acknowledges the exceptional value of motherhood and the right of each child to protection without discrimination.

51. The Ministry of Social Affairs and Housing coordinates different programmes which provide for material support for families and children, including:

(a) General family support for children whose parents do not receive any support. The benefit per child is Sf. 60 a month (against the official exchange rate, this is about US$ 0.15) for a maximum of four children per family;

(b) A card for lower-income groups which provides complete and extensive health care, including specialist care, medicines and treatment in hospital; about 25 per cent of the Surinamese population hold such a card;

(c) General old-age benefit for all Surinamese older than 60 years (Sf. 9,000 a month) (about US$ 25); 1/

(d) A subvention for the purchase of educational materials, school uniforms and shoes.

52. Owing to spiralling prices and inflation, periodical adjustments of the benefits could not meet the basic needs of the recipients. In order to cushion the effects of the structural adjustment programme to some extent, the social safety net programme was introduced in 1995. This programme provides a wider package of assistance for lower-income groups. At present, some 30,000 households receive such assistance from the Ministry of Social Affairs and Housing.

53. In the field of family planning the Lobi Foundation, a non-governmental organization which is supported technically and financially by the International Planned Parenthood Federation, plays a leading role in that it collaborates closely with the Government. The Government has appointed the Lobi Foundation as the chief importer of contraceptives and as coordinator of family planning activities.

B. Parental responsibility (art. 18, paras. 1 and 2)

54. Parents are obliged to maintain and educate their minor children (art. 351, para. 2, of the Civil Code). Loss or absence of parental power or custody does not remove the obligation to contribute to the costs of maintenance and education of their children in accordance with their means. Furthermore, married parents are obliged to maintain and educate their children (art. 157 of the Civil Code).

55. To enable working mothers to combine work and family responsibilities, there are a total of 40 Government-run or private daycare centres for children under 6. The majority are situated in Paramaribo. In the districts, children are usually cared for by family members. Although the cost of daycare centres is relatively low, their services are beyond the reach of a large number of working mothers owing to the deteriorating economic conditions. Kindergarten, which falls under the Ministry of Education, admits children between 4 and 6 years of age.

C. Separation from parents (art. 9)

56. In Surinamese law a distinction is made between legitimate, natural and acknowledged children. During a marriage, the father exercises parental rights over the legitimate children. If the marriage is dissolved, the children are placed in the custody of either of the parents. Natural children are in the custody of their mother as long as they are minors, if the mother

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* As per 1 November 1997 this benefit was raised to Sf. 15,000.

is at least 21 years of age. If the mother is younger than 21, one of the mother's parents is given custody of the child. Parental rights can be removed if the parent is unsuitable or unable to fulfil his/her obligation of care and education and if withdrawal of parental rights is not against the interest of the children. Parental rights can be withdrawn with respect to one or more children and at the request of the Family Law Bureau or the public prosecutions office. Moreover, parental rights of either of the parents can be withdrawn on grounds of abuse of the parental rights, gross negligence in the care and education of the child, bad conduct, final sentencing for a sexual offence against the child. When parental rights are withdrawn, the cantonal judge shall, at the same time, provide for custody of the children.

57. As noted earlier, there are no special chambers at the Court of Justice to hear cases that have to do with personal or family law, such as divorces, custody, alimony, and so forth. The Family Law Bureau is always consulted by the judge, but little use is made of child psychologists.

58. Surinamese legislation does not lay down visitation rights. In practice, visitation is regulated by the judge in consultation with the Family Law Bureau. There are no sanctions against not adhering to the visitation regulation. It is desirable that situations in which both parents are suitable to have custody of their children be legally regulated.

D. Family reunification (art. 10)

59. There are no special regulations with respect to this matter. Each Surinamese national is entitled to a passport from the moment of birth, which enables him/her to travel abroad and return home. All Surinamese are free to emigrate and maintain their Surinamese nationality. Children also have this freedom, but they are subject to permission from the person who has parental authority or custody of them.

60. There are no statistics on the phenomenon of broken families. The Family Law Bureau receives an average of six cases per week, which is an indication that there are more. A considerable part of the cases has to do with reunification of children living in Suriname and parents living in the Netherlands. There are cases of children whose parents have emigrated to the Netherlands and who want their children to join them there. The Dutch immigration laws apparently do not always allow such family reunification.

E. The right to an adequate standard of living (art. 27, para. 4)

61. Parents are obliged to provide for the costs of care and education of their minor children (arts. 157 and 352 of the Civil Code). This obligation is restricted to the costs of items such as food, clothing and education. Alimony for a minor is determined in accordance with the needs of the minor, on the one hand, and the ability of the person obliged to pay alimony on the other hand, with due account for the number and the capacity of the other persons whose maintenance the person is obliged to provide according to the law (art. 381 (a) of the Civil Code).

62. According to the Constitution (art. 50), the policy on social security for widows, orphans, the aged, the disabled and those unable to work shall be set by law; however, no such law exists.

63. Desertion of persons for whom one is obliged to provide maintenance, nursing or care according to the law is punishable (art. 314 of the Code of Criminal Procedure). Non-compliance with a court order to pay alimony to minor children is also punishable by law (art. 314 (a)). Moreover, the person who causes another person ordered by the court to pay alimony to a minor not to do so, shall also be punishable by law (art. 314 (b)).

64. In virtue of the General Family Allowance Regulation of 1973 (Bulletin of Acts and Decrees 1973, No. 107, Bulletin 1982, No. 99), child allowance is awarded to all interested parties for children who have not yet reached the age of 18 years, who are not married or have never been married, and who do not earn an income. An amount of Sf. 15 per child (about US$ 0.15) per month, with a maximum of four children per family, is paid to families who receive family allowance elsewhere. There is also a Family Allowance Regulation of 1971 (Bulletin of Acts and Decrees 1971, No. 68) which concerns the child allowance for civil servants and teachers who are paid by the State treasury. The child allowance for civil servants is Sf. 8 per child per month, with no limit as regards the maximum number of children per family. The indigent receive financial support from the Government of between Sf. 130 and Sf. 450 (between US$ 0.30 and US$ 1) a month, while orphanages, children's homes and boarding schools receive a subvention of Sf. 6 (US$ 0.02) per child per day.

65. With a view to guaranteeing the recovery of maintenance of the child by the parents or others who have financial responsibility for the child, reference is made to:

(a) The State Decree of 16 January 1979 in implementation of articles 2, 3 and 10 of the Act of 30 November 1978 (Bulletin of Acts and Decrees 1978, No. 59) in execution of the Convention on Recovery Abroad of Maintenance, ratified in New York on 20 June 1956 (Bulletin of Acts and Decrees 1979, No. 7);

(b) The Agreement on Acknowledgement and Execution of Decisions concerning Liabilities to Maintain Children (The Hague, 15 April 1958, Bulletin of Conventions 1959, No. 187).

F. Children deprived of a family environment (art. 20)

66. At the request of a parent who has parental rights, one of the blood relatives or relatives by marriage up to and including the fourth degree, or the public prosecutions office, a child can be placed under supervision if he/she is being brought up in such a manner that there is a threat of moral or physical ruin. The supervision of the child is pronounced by the court and shall last for no more than one year and can be extended no more than one year. When the child is placed under supervision, the court shall also appoint a family guardian to carry out the supervision. The parent who has parental rights is obliged to follow the instructions of the family guardian in the care and education of the child. The supervision can be repealed at

any time by the judge. Although such supervision is regulated by law (Act of 30 May 1972, Bulletin of Acts and Decrees 1972, No. 50), it does not work in practice owing to the lack of family guardians.

67. A child can only be placed outside the family environment in the following cases:

(a) For the determination of his/her physical or mental state, in a hospital for no more than three months;

(b) If necessary for his care and education, in an institution for no more than one year.

In these cases the judge will take into account the wishes of the persons who have parental rights and the religious conviction of the child and the family.

68. The care of minors placed under supervision is laid down by law of 30 May 1972 (Bulletin of Acts and Decrees 1972, No. 61). The law further provides that reformatories can be set up whose numbers, locations and names are determined by the Minister of Justice and Police. Such reformatories are supposed to take minors whose education and care the State must provide. These institutions should offer residence in groups and in isolation, and minors should be separated according to their sex and, if possible, their age, development, health and conduct. In case of serious illness, the minors can be transferred to a hospital. The costs of such care should be borne by the State. The minors should be given the opportunity to participate in education and religious instruction. Unless explicit exemption is granted, minors should also perform work. At present, there is no such reformatory.

69. Juveniles sentenced to prison are placed in a special section of the general prison. Boys who are placed under State supervision are placed in a home for boys which is run by the Ministry of Social Affairs and Housing. At present, there is no facility for girls. The home for girls, which was also run by the Ministry of Social Affairs and Housing, was closed some years ago for renovation purposes and has not been reopened because of the lack of finances and trained workers.

70. The Minister of Justice and Police can also entrust minors to special persons residing in Suriname or to organizations or foundations which run institutions for the care and education of minors. The Minister can - after having heard the judge who made the decision - decide at any time to cancel, conditionally or unconditionally, the committal of a minor to an institution. Conditional cancellation can be withdrawn or suspended if the minor violates the conditions which have been laid down or misbehaves in any other manner, or if the interest of the minor so demands. The costs of the committal shall be borne, as far as possible, by the persons who have parental rights or by the minor himself, or by the State.

G. Adoption (art. 21)

71. In pursuance of the Adoption Act - which dates from 1972 - adoption takes place by court decision, by which the request for adoption of a child by a petitioning, married couple is allowed. Should either of the spouses die,

the request for adoption can be made by the surviving spouse on the condition that the request is in accordance with the wishes of the deceased. Allowing a request for adoption can only take place if:

(a) The requested adoption is apparently in the best interest of the child to be adopted;

(b) The child concerned is still a minor on the date of the request and, if the child is 16 years or older on the date of the request, this child agrees with the adoption;

(c) The child is not a legitimate or natural descendant of either of the adoptive parents; and

(d) Neither adoptive parent is older than 50 years of age and the woman is not more than 40 years older than the child to be adopted.

72. A decision with respect to adoption will be postponed if and as long as:

(a) The child's mother is a minor and has not yet reached the age of 21 years;

(b) A period of two years has not lapsed since the day on which the child's mother or father with whom it holds a civil relationship, has made an oral or written declaration of no objection to the adoption before the judge;

(c) A period of three years has not lapsed since the day on which the adoptive parents have entered into marriage with one another;

(d) Custody of the child has not been given to either of the adoptive parents and a period of six months has not lapsed since the day of the request;

(e) The child has not actually been cared for and educated by the adoptive parents jointly (or, if either of them has died, by the surviving parent) for a period of:

(i) six months if the child is younger than three years on the day of the request;

(ii) one year if the child is older than three years and younger than six years on the day of the request;

(iii) two years in all other cases.

73. Through adoption the civil relationship between the adoptee and his/her blood relatives or relatives by marriage shall be nullified. For the determination of rights concerning an inheritance which has become available after the day of adoption, the child concerned shall be considered as a child born from the marriage of the adoptive parents, even though one of them may have died before that day.

74. After the request for adoption has been submitted to the competent cantonal court, the court clerk shall immediately - unless the cantonal judge immediately declares himself to be incompetent or rejects the request on the basis of non-compliance with the legal conditions for approval - send a copy of the request to the Family Law Bureau. The latter will investigate the matter and report and advise on the requested adoption within three months, subject to the possibility for extension of this period by the cantonal judge. In cases in which the decision with respect to a request must be postponed by virtue of the provisions of article 342 of the Civil Code, the Family Law Bureau will submit a provisional report. If the request is not granted, the court decision is sent as soon as possible by the Family Law Bureau to the mother and to the father who has a civil relationship with the child. Adoption becomes final on the day of the court decision concerning approval of the request of the adoptive parents. The court decision cannot be retroactive. Adoption can be reversed by court decision at the request of the adopted child and this is only allowed if this is in the interest of the child, the judge is fully convinced of the morality of the recall, and the request is submitted no earlier than two years and no later than three years after the day on which the adopted child came of age.

75. Through reversal of the adoption, the adopted child is no longer considered a legitimate child of the adoptive parents and the civil law relations which existed by virtue of such a status between the adopted child, his/her spouse and children on the one hand, and the adoptive parents and their blood relatives and relatives by marriage on the other hand, shall cease. The civil relations which ceased through the adoption, shall be reinstated through reversal of the adoption. The entry of an adoption shall take place at the request of the adoptive parents or the Family Law Bureau in the Register of Births in the place where the adoptee's birth certificate is entered or - in default thereof - in the Register of Births of Paramaribo. Entry of reversal of an adoption shall be made at the request of the adopted child or the Family Law Bureau in the Register of Births of the place where the adoption was entered.

76. Inter-country adoption generally takes place only between Suriname and the Netherlands; the present report will therefore focus on this. In case of inter-country adoption, mediation in Suriname is undertaken by the Family Law Bureau and private organizations such as the Kalebas Foundation, the children's home Samuel and the Salvation Army. The Family Law Bureau has a waiting list of Dutch prospective foster parents. The difference between the methods of the Family Law Bureau and the private organizations is that the former first seeks appropriate Surinamese foster parents. Only after this has been investigated and it appears that placement in a Surinamese family is impossible will the Family Law Bureau approach a Dutch foster family. The private organizations, however, "search for" Surinamese children for Dutch foster parents. With a view to "bona fide" mediation, the Placement of Foreign Foster Children Act of 8 December 1988 was enacted in the Netherlands (Bulletin of Acts and Decrees of the Kingdom of the Netherlands, No. 566, effective on 15 July 1989), in which it is laid down that only legal entities which meet certain criteria and are in the possession of a licence issued by the Ministry of Justice are allowed to act as mediators. Suriname does not have a similar regulation and the only supervision which takes place is carried out by the Family Law Bureau when it is called upon as a government

body to make provisions regarding parental rights for the benefit of the foster parents. When such provisions are made, the mother-guardian of the child has to yield her parental rights. The Family Law Bureau first investigates whether the mother is indeed unable or unsuitable, in accordance with article 438a of the Civil Code, to care and educate her child, and that there are indeed valid grounds for the withdrawal of parental rights. Thereupon, the documents of the Netherlands (namely the advice of the Child Protection Board, the medical certificates and the permission in principle of the Ministry of Justice) are studied. If everything is found to be in good order and the Family Law Bureau deems it to be in the best interest of the minor, a provision as to parental rights will be made, which means that parental rights will be withdrawn from the child's mother and given to one of the foster parents. A supervisory guardian is appointed in the Netherlands, because the Surinamese court cannot appoint a supervisory guardian abroad. The Family Law Bureau will never make any provisions for parental rights if the permission in principle issued by the Ministry of Justice of the Netherlands is lacking. To acquire such permission, an application must be made to the Ministry of Justice (Juvenile Protection and Rehabilitation in The Hague), stating personal data, family composition, and any preference for a certain country of origin of the child to be adopted. If certain guidelines are met, the applicant is referred to the Child Protection Board, which carries out an investigation of the suitability of the aspiring foster parents with regard to the care and education of a child; information is also sought from the local police for any information on the foster parents. After the family report, the advice of the Child Protection Board and the medical certificate have been received, the Minister of Justice of the Netherlands decides whether or not to grant a permission in principle.

77. The requirements which foster parents must meet are the following:

(a) The partners must be married;

(b) When the request for placement is received, neither parent may be older than 41; moreover, the age difference between the foster child and each of the foster parents may not be more than 40 years (exceptions are possible);

(c) The parties must be in the possession of a permission in principle, which is valid for a period of three years and can be extended each time for three years at most;

(d) The future foster parents must be found suitable by the Child Protection Board to carry out the task they wish to take upon themselves and must have at their disposal a medical certificate that their health is not an impediment to taking a foster child into their family;

(e) They must declare themselves willing to take upon themselves all medical care and costs relating to the foster child;

(f) They are obliged to bear all costs related to the child's stay in the Netherlands as if the child were their own, and they must also bear any costs of returning the child to his/her country of origin.

78. Requirements which the foster child must meet to be admitted to the Netherlands are:

(a) Upon entry the foster child may not yet have reached the age of six years (exceptions are possible);

(b) The foster child must be in the possession of a permit for temporary residence;

(c) The future foster parents must submit a medical certificate attesting that the child is not suffering from any hazardous infectious disease or long-lasting physical or mental illness;

(d) Mediation must have taken place through licensed organizations;

(e) It must be proven with documents that the parent or parents of the foreign foster child has/have given up their parental rights, and the competent authorities of the country of origin must agree with the placement of the foster child in the foster family concerned.

79. In Suriname, the Surinamese judge has the final say. He will also study the Dutch reports of the foster parents after which he - having heard the future foster parents - will appoint one of the foster parents as guardian of the minor. The Family Law Bureau has laid down as a requirement that foster parents must remain in Suriname for at least six weeks to attend the court session in person and still have sufficient time to prepare all necessary documents for the return trip with the child. After the foster child has lived for one year in the Dutch foster family's home, an adoption request can be submitted to the court. The procedure to be followed has to do with the following:

(a) Both the Surinamese and the Dutch laws on adoption demand that the foster parents must have custody and supervisory guardianship of the minor concerned before adoption can take place;

(b) The Netherlands acknowledges Surinamese decrees on custody and guardianship and vice versa, in accordance with the agreement between the Kingdom of the Netherlands and the Republic of Suriname concerning mutual acknowledgement and execution of court decisions and authentic deeds in civil law cases (Bulletin of Acts and Decrees 1976, No. 144);

(c) The Netherlands does not, however, acknowledge adoptions which were pronounced in Suriname by a Surinamese court and Surinamese adoption decisions are therefore not valid in the Netherlands; this means that adoption procedures will have to be undertaken anew in the Netherlands.

H. Illicit transfer and non-return (art. 11)

80. There are officially no known cases of illicit transfer of young children to other countries. There are legal measures to prevent these practices and to fight them. There have been cases, however, of teenage girls being induced to travel to neighbouring countries with adults and there being abused by the adults. There are also cases of children who, after a divorce

or after being placed in the custody of one of the parents, are taken abroad - usually to the Netherlands - by the parent without parental custody, and sometimes even by grandparents.

81. The following agreements have been signed with the Kingdom of the Netherlands: Agreement concerning Civil Law Procedure (The Hague, 15 April 1958, T/10 July 1977, Bulletin of Acts and Decrees 1954, No. 40); Agreement concerning Mutual Acknowledgement and Execution of Court Decisions and Authentic Deeds in Civil Law Cases (The Hague, 27 August 1976, I/18 June 1981, Bulletin of Acts and Decrees 1983, No. 8, VB 1981 No. 16). The latter agreement was suspended by the Kingdom of the Netherlands on 16 December 1982, and in June 1983 the Minister of Justice and Police of Suriname signed the Protocol, together with his Dutch colleague, on special provisions concerning the agreement between the Republic of Suriname and the Kingdom of the Netherlands.

I. Protection against violence, abuse and neglect, and help for victims (arts. 19 and 39)

82. In titles XIII, XIV, XV, XVIII, XIX and XX of the Code of Criminal Law, provisions are included concerning the prevention of all forms of physical and mental violence, injury or abuse, physical and mental neglect or neglectful treatment, abuse and exploitation, including sexual abuse. As far as sexual offences are concerned, the Minister of Justice and Police appointed a committee to review legislation on sexual offences, whose task was to make an inventory of legal regulations with respect to this matter, to study to what extent these regulations have been adapted to present-day views and to make recommendations to the Minister. This committee submitted its final report in 1994. The bill on offences against public decency is at present with the State Council for advice before being submitted to the National Assembly.

83. If a child is growing up in such a manner that it is threatened with moral or physical ruin, the cantonal judge can place this child under supervision (art. 372 of the Civil Code). This can take place at the request of one of the parents who has parental rights, by a blood relative or relative by marriage up to and including the fourth degree, or by the Family Law Bureau, or at the request of the public prosecutions office. Besides this, the cantonal judge may, in the interest of the child, withdraw parental rights from the parents over all their children or over one or more children. In the interest of the minor, the cantonal judge can remove the guardian from guardianship of all or of one or more children (art. 435 of the Civil Code).

84. The deteriorating economy has had many victims among the youth in particular. In 1993, more than 1,000 children and guardians in need of help appealed to the Foundation for Human Development (a private organization) and the Youth Affairs Department of the Ministry of Justice and Police. They were primarily youngsters between 12 and 16 years old, 70 per cent of whom were boys. These youngsters had been victims of, among other things, sexual abuse or prostitution. It seems that a new group of children is forming who, according to their parents or guardians, are "difficult". Usually these children are victims of abuse, but this is not recognized as such by the adults who are responsible for their care. The behaviour demonstrated by these abused children causes them to be labelled as "difficult" children.

85. The Crisis Center for Sexually Abused Children, which was a project that fell under the responsibility of the Foundation for Human Development, took in a total of 43 children for counselling between May 1993 and May 1994. The children were between 6 and 16 year olds; the majority of them were between 10 and 13. They came from all ethnic groups. The children had been victims of physical abuse, while 35 of them had been physically and sexually abused. They showed signs of psychological abuse and emotional neglect. Children were placed for short-term care (3 months), medium-term care (6 months) or long-term care (12 months at most). In 1994 serious differences of views between the responsible organization and the Dutch consultant (who had been involved in the implementation of the project), as well as the spiralling costs of maintaining the crisis centre, forced the Foundation for Human Development to close the centre. At present, the care provided for (sexually) abused children by the Foundation is ambulatory with the help of a multidisciplinary team made up of representatives of different organizations working with children and women, such as the Pedological Institute of the Ministry of Education, the Lobi Foundation, the Foundation Ban Violence against Women, the paediatric department of 's Lands Hospitaal, and the social worker of the Academic Hospital. The Foundation for Human Development is at present also providing training for people who want to work with or for abused children. Two basic courses have already been completed, while there are plans for follow-up courses in 1997. The organization further carried out education and information programmes on abuse in a small number of schools in 1996 as a pilot project. The intention is to develop awareness-building programmes for children on abuse and present them in schools on a more regular basis.

86. The Foundation for Children took it upon itself to open a home for abused children in 1994 to provide for the group in need of shelter, more or less along the same lines as the former crisis centre of the Foundation for Human Development. The Juvenile Affairs Department of the Ministry of Justice and Police provided shelter for some 120 boys last year by picking up the children and placing them in cells "for their own protection". These boys had been victims of abuse or were homeless. Not long after the head of the Department was ordered by the public prosecutions office to release the boys, since this method was regarded as a violation of the law and there were no facilities available for proper guidance of the children.

87. Apparently, the number of children who fall victim to violence is increasing. The lack of reliable data is a constraint. There are indications that abuse of children mostly takes place at home or by persons known to the children. Often, the reason for the abuse is that the children are unable to perform the task assigned to them, for which they are usually too young or not properly prepared. Parents are also becoming frustrated by the economic situation and react in aggression towards their children.

88. In 1996 the Foundation for Help to Victims was established. This foundation aims at providing assistance to all sorts of victims, including children and their families, in finding legal help and redress. Another important activity is providing assistance to victims in overcoming their problems and functioning in society.

J. Periodic review of placement (art. 25)

89. There is usually no evaluation of placement. If it appears that it is impossible to return the child to his/her own environment, placement in a foster home takes place, together with a measure aimed at child protection (withdrawal of parental rights or supervision by the Mr. Huber Foundation). There are few possibilities for shelter. There is little supervision of the homes and no treatment plan. Most homes only provide shelter and have an enormous lack of trained personnel.

VI. HEALTH AND WELFARE

90. The policy in the field of health care assumes that health-care services must be available and accessible, affordable and acceptable for the population, with the emphasis on development of primary health care.

A. Survival and development (art. 6, para. 2)

91. Up to the 1980s, public health care in Suriname was a model of efficiency and effectiveness. Its coverage was almost complete and the health indicators were relatively high for a developing country. Until recently, basic health services were guaranteed for the greater part of the population. The rapid deterioration of the economy has had a dramatic effect on public health, which is presently confronted with a serious lack of humanpower, enormous shortages of essential medicines, laboratory stocks, medical equipment and spare parts, and other matters that have to do with infrastructure, including transportation. The health care in the interior, erstwhile praised by the World Health Organization as a model for primary health care, has also suffered from a domestic war which raged in the late 1980s, as a result of which different villages in the interior no longer have access to adequate medical care.

92. To stop the rapid deterioration of health care in Suriname, the Government included the following activities in its development programme for 1994-1998: cost management and redress; privatization of public hospitals; strengthening of primary health care by encouraging the involvement of the society; acceptance of a multisectoral approach by improvement of nutrition, sanitation, education, housing, employment, etc.; integration of components of primary health care, for example, immunization programme, mother and child care, diarrhoea control, family planning and sexually transmitted diseases, including HIV; emphasis on the special role of women in the area of health care and development, while acknowledging that they are the aim of different activities directed towards promotion of health care and prevention of disease; decentralization of health-care management.

93. In the period between 1992 and 1995 Suriname went through a crisis in the health care sector as well. For the first time in its history, children were admitted to hospital ('s Lands Hospitaal) because of severe malnutrition. There were even some cases of impaired eyesight, underdevelopment and deaths owing to malnutrition in the first months of life. Since no national statistics are available, the exact number of children who suffer from malnutrition is not known.

B. Disabled children (art. 23)

94. There are no legal regulations directed in particular towards the protection of and health care for disabled children. Social care for persons with disabilities falls under the responsibility of the Ministry of Social Affairs and Housing through: the Service for the Care of Persons with Disabilities, which is responsible for providing advice, social and cultural work and counselling of disabled persons; the Foundation for Training Projects and Young People with Disabilities, which is responsible for the vocational training and social education of youngsters with disabilities (both mental and physical).

95. There is a joint provision for transportation for disabled persons and senior citizens. Private organizations play an important part in the care of the disabled, especially sheltered care. The cooperation with the Government is elaborated in the National Advisory Board for the Policy on Persons with Disabilities, which is working towards a policy and legislation directed towards complete social integration of persons with disabilities, in accordance with the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities. The policy of the Ministry of Social Affairs is aimed at giving private organizations more influence in the formulation of policy and to gradually decrease the Government's share in the execution of the work, while increasing private initiative in this field. Furthermore, the aim is to develop the Department for the Care of Persons with Disabilities into a secondary health care organization, in which the methods and organization of work with persons with disabilities will get an important place.

96. The Child Guidance Clinic of the Public Health Bureau and the Revalidation Center are both concerned with children with disabilities. The Child Guidance Clinic provides multidisciplinary care which comprises medical examination, treatment and counselling, but it is not decentralized. Through its Early Detection and Early Stimulation Department the center aims at an early detection of developmental problems, followed by stimulation with, for example, a home training program. There is preventive information and education on a small scale. In cooperation with the Family Health Department of the Public Health Bureau a policy is drawn up to optimize the care of the 0-5 year age-group. There is not yet a clearly structured policy on primary and secondary health care and/or curative care for children with disabilities. A lack of humanpower and material, insufficient testing material and stagnating referrals for placement as a result of insufficient placement possibilities form a threat for the health care of children with disabilities.

C. Health and health services (art. 24)

97. The Ministry of Health is responsible for public health in the widest possible sense and for supervision of public health in particular, including health and nutrition information and education. Besides the Regional Health Services, the umbrella organization of the Ministry of Health, the Medical Mission, the Public Health Department, the State Sickness Insurance Fund, the Pharmaceuticals Supply Company of Suriname and the Lobi Foundation are important health service providers in Suriname.

98. The Regional Health Services - established in 1980 - provide the following health care services in the coastal area of Suriname: curative health care (general medical care), preventive health care (mother and child care), laboratory and pharmaceutical services. So far, services are free of charge and are intended for the approximately 105,000 financially weak persons who are registered with the Ministry of Social Affairs and Housing, while for the more or less 140,000 persons registered with the State Sickness Insurance Fund the costs are paid in part.

99. The Regional Health Services comprise:

(a) 9 health care centres with medical and paramedical services and mother and child care services;

(b) 29 basic polyclinics which provide medical and paramedical services and mother and child care;

(c) 45 branch polyclinics in small villages in the districts, which are visited regularly by physicians and nurses.

100. The Medical Mission is a non-profit organization which operates as an umbrella for three foundations which are based on Christian conviction. The Medical Mission is charged with the health care in the interior of Suriname and is subsidized for the full 100 per cent by the Ministry of Health. The Medical Mission takes care of:

(a) Health education: nutrition, disease prevention, hygiene and clean water;

(b) Prenatal control, immunization, mother and child centres;

(c) Family planning;

(d) Health care;

(e) Provision of essential medicines;

(f) Referral of acute and other cases to Paramaribo;

(g) Execution of "vertical" programmes, such as malaria eradication;

(h) Epidemiological surveillance.

The medical treatment in the interior is free of charge, which includes the use of the facilities of the Diakonessen Hospital in Paramaribo and transportation.

101. The Public Health Bureau of the Ministry of Health coordinates preventive health care activities. This bureau administers the immunization and disease-control programmes for malaria, yellow fever, dengue, schistosomiasis and HIV. The Epidemiology Department of this bureau has a national surveillance system for infectious diseases. The Family Health Department is concerned with monitoring the growth, development and nutrition

of children, the counselling of mother and child clinics and daycare centres, and also carries out research and offers training. The Public Health Bureau's endeavours are presently directed towards encouraging children in the age group 1-5 years to be brought to mother and child clinics according to a certain protocol. The Bureau is further involved in an intersectoral consultation with other organizations to develop standards for daycare centres and the legislation for children's homes.

102. The State Sickness Insurance Fund, which was established in 1981, offers coverage for curative medical services for civil servants and their families and a number of voluntarily insured persons. About 40 per cent of the population is covered by this system.

103. The Pharmaceuticals Supply Company of Suriname is the central importer, producer and distributor of essential drugs and medical stocks in Suriname.

104. The Lobi Foundation, a non-governmental organization, is charged by the Government with the coordination of family planning activities in the clinics of the Regional Health Services and the import of contraceptives.

105. There are four Government-owned and two private hospitals in Suriname, namely: the Academic Hospital with 399 beds; 's Lands Hospitaal with 304 beds; the Regional Hospital of the District of Nickerie with 60 beds; the State Psychiatric Hospital; the Diakonessen Hospital with 225 beds (private); the Saint Vincentius Hospital with 287 beds (private).

106. The health services are threatened by:

(a) A lack of adequate management and trained personnel;

(b) Insufficient to no maintenance of buildings, medical equipment and instruments;

(c) A shortage of drugs, laboratory and hospital necessities, which seriously hamper operations.

107. In 1976 Suriname started vaccinating the under one year-olds against diphtheria, tetanus and poliomyelitis. After a measles epidemic in 1980/81, the measles vaccination was included in the immunization programme. In the early 1990s a law was passed which made it compulsory for all children to be fully vaccinated before entering primary school. Vaccinations against rubella are routinely given to girls in primary school. Owing to financial and logistical problems, the vaccine is not always available, however. Since 1995, male infants are also routinely vaccinated against mumps. Vaccinations against tuberculosis are not given routinely. Suriname aimed at a 90 per cent coverage, a 95 per cent reduction of deaths owing to measles, eradication of neonatal tetanus by 1995 and of polio by the year 2000. The immunization programme, however, was seriously impeded by the war in the interior, and the present economic crisis threatens the continuity of the services even more.

108. The general vaccination coverage was 85 per cent in 1985, dropping to 75 per cent in 1995. The reasons for this further deterioration are:

(a) The collapse of the public transportation system, which is either not available or too costly, as a consequence of which the mother and child clinics are not as easily accessible as before;

(b) Increasing numbers of mothers hold two or even three jobs to make ends meet, and therefore do not have time to take their children to the clinic;

(c) Departure of trained personnel of the Public Health Bureau and the Regional Health Services.

109. In October 1992 the Public Health Bureau started a national campaign to promote breastfeeding. Health workers of mother and child clinics and hospital personnel were instructed to encourage breastfeeding. An increase of breastfeeding was noticed, which was possibly also due to the enormously increased prices of formula.

110. The problem of malnutrition among children between the ages of 1 and 2 years manifested itself in the first three months of 1994, when eight deaths as a result of malnutrition were reported. In the first six months the statistics on hospitalization of children between 0 and 3 years of age owing to malnutrition were comparable with those of 1993; the statistics on hospitalization of children older than 9 months were, however, considerably higher (60 as compared with 15). It was thought that children up to the age of 9 months possibly benefited to a certain extent from breastfeeding.

111. Some factors which lead to malnutrition are:

(a) Lack of financing to purchase suitable and adequate food;

(b) Weaning of children as of 6 weeks of age because the mothers work and there are too few daycare centres;

(c) Extremely high prices for baby formula and, if purchased, it is strongly diluted;

(d) Too little nutrition information;

(e) Increasing risk of infections (diarrhoea) as a result of deteriorating basic sanitation and an increasing inaccessibility of basic needs;

(f) After the war in the interior, fewer crops were planted in the interior, there was less hunting and fishing, and most of the basic foods had to come from Paramaribo;

(g) Only 78 per cent of the persons with a so-called "milk card", including pregnant women and children under five, make use of this card and buy milk from the Dairy Central of Paramaribo. The reasons given for this are that the milk is too expensive and that there are no refrigeration facilities available;

(h) The high cost of medical services, even for those who are insured through the State Sickness Insurance Fund or the financially weak who hold a medical card.

112. Malnutrition among the 4-12 age group is also increasing. A survey carried out by the Public Health Bureau in 1992 in three schools in Paramaribo showed that many children go to school without eating breakfast. In reaction to this, some school nutrition programmes were started in 1993. A special foundation was set up by the Ministry of Education to deal with school nutrition programmes.

113. The Foundation for Human Development carried out a UNICEF-sponsored survey on the nutritional status of children in daycare centres and children's homes in 1993. The results of the survey were presented to the Ministry of Social Affairs and Housing. A nutrition programme for infants who were identified as being high-risk at birth by the paediatric department of the 's Lands Hospitaal was also carried out by this foundation. The programme was carried out by fieldworkers who visited the mothers of the infants in their own environment.

114. There is no reliable method to acquire data on food consumption, nutrition and health. To identify vulnerable groups, complete and reliable statistics from the Ministry of Social Affairs and Housing and the Ministry of Agriculture, Animal Husbandry and Fisheries are essential.

115. The mortality rate in Suriname resembles that of industrialized countries. Most people die as a consequence of chronic degenerative diseases. The under-five mortality rate was 1.7 per 1,000 in 1987. The 1995 Situation Analysis of Children and Women in Suriname gave the infant mortality rate of 1992 as 16.4 per 1,000 live births, while the under-five mortality rate was said to be below 2 per 1,000. Since no figures were available for after 1992 at the time the present report was written, no up-to-date information can be provided.

116. Most child mortality takes place in the postnatal period owing to early births, low birth weights and placenta irregularities. The second important cause of death among children between 0 and 1 year of age is gastroenteritis. There are no clear differences in this between boys and girls. Epidemiological surveillance data in the past years show an increase of poverty-related diseases. Diarrhoea is one of these diseases and is clearly increasing among the under-five group. Although the general child mortality rate showed a slightly decreasing trend, the mortality rate owing to diarrhoea increased from 6.6 per cent in 1989 to 18.8 per cent in 1991. Gastroenteritis has also become an important cause of death in the under-five age group, as have respiratory diseases.

117. The Ministry of Health is responsible for both preventive and curative care. For both areas there is a network of collaboration between government services and private organizations. This network comprises the following organizations:

(a) For general health care:

(i) The Faculty of Medical Sciences of the University of Suriname and the Academic Hospital;

(ii) The State Sickness Insurance Fund;

(iii) The Regional Health Services, the Public Health Bureau, COVAB (the central nurses' training centre);

(iv) The Lobi Foundation, the Foundation for Home Care, the Foundation Pro Health, the Foundation Sanomaro Esa, the Medical Mission;

(v) The Ministry of Education; and

(vi) The Pharmaceutical Supply Company of Suriname;

(b) For early detection of development problems and early stimulation, the Child Guidance Clinic, the Counselling Service for Daycare Centres of the Public Health Bureau, the Regional Health Services, the mother and child clinics, the Foundation for Early Detection and Early Stimulation;

(c) For development of a policy directed towards optimizing the care of children in the under-five age group and development of an integrated legislation in this area, the Child Guidance Clinic, the Counselling Service for Daycare Centres and mother and child clinics of the Public Health Bureau, the Directorate for Categorical Social Services of the Ministry of Social Affairs and Housing, the Foundation for the Management and Administration of Daycare Centres, the Foundation for Human Development, the Foundation Klimop, and the Stibula Foundation.

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

A. Basic legislation

118. There has been a Compulsory School Attendance Act in Suriname since 1870. The law itself does not make school attendance actually compulsory, but it does state that children between 7 and 12 years of age must be provided with the possibility to enjoy education. It also states that every child has the right to primary education, which is provided by the State free of charge. Article 37 of the Constitution lays down that young people have special protection to enjoy economic, social and cultural rights such as access to education, vocational training, physical education, sports and leisure. Article 38 of the Constitution lays down that everyone has the right to education and cultural expression. Furthermore, it is determined that the provision of education and the exercise of science and technology are free. The Constitution further lays down that the State will promote the kind of education and the circumstances under which school education and other forms of education can contribute to the development of a democratic and socially just society. Article 39 of the Constitution acknowledges and guarantees the

right of all citizens to education and offers them equal access to education. The State is obliged to eradicate illiteracy and to provide free education at all levels. Moreover, education must be attuned to the productive and social needs of the society.

B. Education, vocational training and guidance (art. 28)

119. In Suriname, the Ministry of Education is responsible for education, culture, sports and recreation. The 1992-1994 policy statement of the Ministry states that special attention and care are to be given to youth policy, so that development inside and outside school can be guaranteed. The overall policy on youth is shared by the Ministry of Education, the Youth Affairs Department of the Ministry of Justice and Police, the Ministry of Social Affairs and Housing, the Public Health Bureau and the Child Development Clinic of the Ministry of Health.

120. The 1992-1994 policy statement mentioned that education is instrumental to social, cultural and economic development by providing for optional development of human resources. In particular, self-reliance and self-awareness are to be stimulated in the younger generation and youth made aware of the importance of the continuous increase of productivity. The policy statement gave education an important place because it is considered the most important element for participating in economic, social, cultural and political life.

121. There are three levels of education in Suriname:

(a) Primary education, which includes:

(i) Pre-primary education from 4-6 years (not compulsory);

(ii) Ordinary primary education, from the age of 6 and lasting six years;

(iii) Special primary education for children with a learning disability (also lasting six years);

(iv) Junior secondary general education (following after primary and lasting four years);

(v) Secondary special education;

(vi) Pre-vocational education;

(vii) Elementary technical and junior technical education;

(viii) Junior domestic science education;

(b) Secondary education, which includes:

(i) Senior secondary general education (after junior secondary and lasting two years);

(ii) University preparatory college (after junior secondary and lasting three years);

(iii) Teacher training college (after junior secondary and lasting two-four years);

(iv) Nurses' training school;

(v) Commercial school;

(vi) Polytechnic college;

(c) Tertiary education:

(i) Institute for Advanced Teacher Training;

(ii) Institute for the Training of Teachers of Technical Schools;

(iii) Anton de Kom University of Suriname.

122. Nationally, the number of male students exceeds the number of female students. At secondary and, especially, tertiary educational levels, however, the female students are in the majority. This is ascribed chiefly to economic factors. In the indigenous and tribal communities of the interior it is quite usual that more boys than girls go to school. This is connected to factors of a cultural nature, for girls often have to help their mothers with planting and harvesting. In the communities which are situated near economically feasible activities such as logging and gold-mining, the situation is different. These industries cause the boys to leave school, as a result of which there are more girls to be found in the higher grades of primary school.

123. All levels of education are accessible to everyone who meets the entry requirements. Education is provided in State-run schools and in denominational and private schools. The latter two are supervised and inspected by the Ministry of Education and are obliged to follow the curriculum provided by the State. The denominational schools receive a small subvention from the Government for school maintenance and other costs, while the State pays the salaries of the teachers employed at these schools. The State furthermore provides schools - both State-run and denominational - with educational materials, books, school necessities, etc. Owing to insufficient financial resources and logistical problems, the supply of educational materials and equipment is often too late and is supplied in insufficient amounts. Each year the schools, and often individual teachers, have to beg parents or sympathetic enterprises to photocopy the necessary materials and books for them. The lack of textbooks and the late supply of materials sometimes cause serious delays in school programmes. Moreover, the subvention received amounts to less than Sf. 25 (less than US$ 0.10) per registered student per year, as a result of which not much can be done towards maintenance of buildings or furniture.

124. In principle, all levels of education are free of charge. This only applies to tuition, since the State-run schools have a registration fee and

the denominational schools ask an annual "parent contribution". As from 1996, the State schools increased the registration fee to Sf. 500 (a little over US$ 1) per student, while the Roman Catholic and Moravian schools have increased the amount of annual parent contribution to Sf. 3,500 and Sf. 5,000 (US$ 8-12.50) for primary and secondary school, respectively. This contribution is used to help pay for maintenance and school materials which cannot be supplied by the Ministry of Education.

125. In the past period few new classrooms were built, while maintenance and repairs of existing buildings were not carried out. In the interior, schools were seriously damaged during the war in the 1980s, causing some of them to be closed. Only in the past two years have these schools - most of which are run by the Roman Catholic and Moravian school boards - started to reopen.

126. Teachers generally work under extremely difficult conditions and the purchasing power of teachers' salaries has seriously decreased. The numerous teachers' strikes in the past years have caused serious delays in school programmes. Schools in the city suffer from burglaries when everything that can be borne off is removed, and what cannot be removed is often destroyed. In the interior, living conditions for teachers are still primitive. Moreover, teachers there are faced with the additional problem (caused by the war) of having to deal with a large number of illiterate children of varying ages. A dramatic phenomenon in Suriname is therefore the increasing number of teachers who are leaving the educational sector for better or easier employment in other sectors or abroad. In the past years there were insufficient graduates from the teacher training schools to fill vacancies. The increasing numbers of dropouts from these training schools indicate a lack of interest in the teaching profession. At present, many teachers are employed part-time, or persons who have not yet completed their studies and unqualified teachers are employed at all levels. A number of retired teachers have returned to help in this critical situation.

127. The phenomenon of dropouts is taking an alarming form, according to the schools. No official data could, however, be obtained. The chief factors which underlie this problem are:

(a) Transportation has become expensive as a result of increased prices for fuel, while the bad state of the roads - especially in the rainy seasons - often hinders school transportation organized by the Ministry of Education. The manifold strikes of bus owners and the cancellation of bus services because bills were not paid in time by the Government have had negative consequences as well. This problem is especially manifest in the rural districts, where students are sometimes forced to interrupt the learning process because their teachers are not transported from town to the schools outside the city. The public transportation service which was started in 1993 has alleviated these problems somewhat;

(b) The low income of the parents often forces them to keep their older children at home to mind younger brothers and sisters, or these older children are forced to work to increase the family's income, or the children have no shoes or clothing in the course of the year;

(c) Teenage pregnancies;

(d) A lack of classrooms in the interior;

(e) In the interior there is the problem that older children, especially girls, are kept out of school to help work in the fields, causing them to drop out of the regular school programme;

(f) Especially in the districts of Marowijne and Brokopondo schools have to compete against fast-earning activities in the logging and gold-mining industries.

128. The language of instruction is Dutch. For many children, more in particular those of the districts and in the interior, this language is hardly spoken. In many families either Sranan Tongo, the lingua franca of Suriname, or one of the many other languages is spoken. In general, teachers have not been trained to give instruction in languages other than Dutch. Especially in the first grades of primary schools some children, usually because of their difficulties with Dutch, require special attention.

129. In the 1980s new curricula for all subjects were introduced for primary school in Suriname. Most of these curricula have not been adequately evaluated by the Ministry of Education, despite complaints often heard from teachers. Most of the persons who helped to develop the curricula have since left their posts at the Ministry of Education or have emigrated, making it difficult, if not impossible, to properly evaluate and rewrite the curricula.

130. The number of repeaters at all levels is quite high. From first to fifth grades of primary school there is a 27 per cent repeater figure among boys and 24 per cent among girls. The average percentage of repeating is 25 per cent, which has grave implications for the future generation of Surinamese. Differences have been found in school results between schools which are located in areas of the more deprived parts of the population and schools in more privileged environments. A survey carried out in 1990 by the Sucet Foundation in a small number of schools on the capacities of children in more deprived environments showed that:

(a) 70 per cent of the children of more deprived environments do not complete the first three grades of primary school without repeating at least one grade, and about 50 per cent repeat two grades; in the following two grades the repeater percentage is 25 per cent;

(b) In the first grade 40 per cent repeat once and have problems in the following two grades; in the fourth and fifth grades this percentage is 15 per cent.

131. Statistics on repeaters at secondary schools were not available, although the Ministry of Education estimates that the repeater percentage is more or less 25 per cent as well. The curricula at all levels are very tight and are geared towards developing cognitive skills. They leave little room for developing other skills and do not take into account the interests of children who cannot keep up, nor are there supplementary programmes. The Sucet Foundation has developed a supplementary programme to help children who

cannot keep up with the primary school programme (grades 1-3). In the school-year 1995/96 the programme was extended on a trial basis to a small number of schools in the city.

132. Besides school transportation, book grants and allowances, the State provides subventions to children of less privileged families to purchase uniforms and school necessities. In 1991 this form of subvention was adjusted to the deteriorating economic situation to include students of secondary schools as well. Some school nutrition programmes were initiated to support children who were coming to school with an empty stomach. There were also small homework guidance projects for primary school students and a school television project to help students falling behind. These programmes were on a small scale and none of them seems to have gone beyond the initial phase.

C. Aims of education (art. 29)

133. No clear educational objectives are formulated. The priorities of the Ministry of Education, as laid down in the 1992-1994 policy statement, comprise the following points:

(a) Improvement of the quality and efficiency of education;

(b) Expansion of the accessibility and availability of secondary education;

(c) Curriculum development, directed towards:

(i) A better linking of the curricula to the needs of the students and the labour market;

(ii) Giving priority to a continuous improvement of the curricula for primary education;

(iii) Development of tests to determine education levels in the interior for the benefit of refugees who have returned from French Guyana;

(iv) Giving priority to adjusting the curricula at junior secondary education level;

(v) Bringing about a close linkage between curriculum development and the retraining or upgrading of teachers;

(vi) Establishing structures which encourage fieldworkers to develop relevant curricula;

(vii) Giving training courses for curriculum developers;

(d) Taking measures to fight the repeater and dropout problem, by taking the following measures:

(i) Increasing the motivation of teachers and students;

(ii) Making adequate provisions for educational resources;

(iii) Intensifying information in schools on vocation choices, the society, etc.;

(iv) Providing guidance for children in the subjects with which they have difficulties;

(v) Adjusting didactic methods and promoting self-reliance;

(vi) Increasing the influence of the school on the flow-through to continued education;

(vii) Reactivating the medical exam in schools with the help of the Ministry of Health;

(viii) Improving the school climate, including structured deliberations among the teachers;

(ix) Reviewing the Compulsory School Attendance Act and establishing control mechanisms for compliance with the Act;

(e) Adjustment and strengthening of institutions for teacher training at different levels;

(f) Restructuring and improvement of vocational education;

(g) Reconstruction of education in the interior.

134. Nowhere did the Ministry of Education mention how the priority goals enumerated were to be attained. It is therefore difficult to assess what was accomplished and what the constraints were in trying to achieve the goals. It is evident, however, that the priorities mentioned under (a), (b), (c), (d) and (f) were not undertaken. As far as point (e) is concerned, only one teacher training college (SPI) undertook to adjust its curriculum and work at student (i.e. future teacher) motivation, while another teacher training college (CPI), which is run jointly by the Roman Catholic and Moravian Churches, is threatened with having to close owing to financial difficulties. A beginning was made in carrying out the priority mentioned under (g), namely the repair and reopening of a number of schools in the interior, although it must be mentioned that almost all schools in the interior belong to the Roman Catholic and Moravian school boards, which have serious financial problems and are unable to maintain these schools.

D. Leisure, recreation and cultural activities (art. 31)

135. Within the Ministry of Education there are two directorates which are responsible for the development and promotion of the policy on recreation and youth. In the framework of the policy principles, the Division for Youth Centres undertook the following activities in 1995 and 1996:

(a) Training of youth workers, particularly in Paramaribo, with the purpose of increasing quality and scale;

(b) Project for student mothers with the purpose of encouraging and giving guidance to teenage mothers so that they can complete their schooling and prevent further unwanted pregnancies; this project was carried out in Paramaribo with 50 teenage mothers;

(c) After-school guidance, consisting of homework and study guidance, creative expression, education and information, sports and games, the general purpose of which is to promote the sensible use of leisure time and specifically to remove educational underachievement and give the opportunity to do homework, promote the creative capacity, physical and mental health, and the proper attitude. Owing to a lack of humanpower, this project could be carried out only in seven neighbourhoods;

(d) Vacation time: in 1995 these activities were linked to the theme of 20 years of independence. The participation of the youth was greater and more enthusiastic than in preceding years;

(e) Vacation jobs, for which 159 students registered, 50 of whom could be placed;

(f) Laying out vegetable gardens at children's homes, in cooperation with the Ministry of Agriculture and the Tamara Foundation. The reaction of the children's homes, however, was not very enthusiastic;

(g) Support for different organizations in the celebration of holidays, such as the celebration of the Abolition of Slavery, Christmas and Independence Day;

(h) Support of the neighbourhood to promote self-reliance of the people of the neighbourhood;

(i) Financial, educational and recreational support for organizations;

(j) Placement of youth workers on a permanent basis in the districts of Nickerie, Brokopondo, Marowijne and Sipaliwini.

136. In the framework of its policy principles, the subdirectorate for National Youth Affairs undertook the following activities in 1995:

(a) Installation of a national monitoring committee for the commemoration of the tenth anniversary of the International Youth Year;

(b) Installation of a youth news broadcast team for television broadcasts;

(c) Participation of Suriname in the meeting "Kids meet Kids". After the selection, two students were able to participate in the meeting which was held in New York;

(d) Participation of two youth workers in the Youth Leadership Training Summit in New York;

(e) Support for an educational weekend for the school project, which was coordinated by Stibula for the St. Louise junior secondary general school for girls.

137. As far as sports are concerned, the policy was aimed at forming Surinamese youth through physical education in school, sports and recreation. Physical education was given at most State-run schools. As far as top sports are concerned, the intention was to give attention to young Surinamese talent in training abroad, which was considered positive for the sports image of Suriname, both nationally and internationally. Suriname was thus able to participate in the 1996 Olympic Games. Owing to financial problems and a lack of foreign currency, however, many sports organizations were unable to participate in regional and other international meets.

138. In the implementation of the sports and recreational activities, there was cooperation with different umbrella sports organizations and with private organizations, including the Foundation for the Recreation of Children with Disabilities and the Special Olympics Organization.

139. As regards culture, the cultural plurality of Suriname was taken as a point of departure for the cultural policy. This policy is based on cultural democracy, which is characterized by acknowledgement of the equality of all cultures. Suriname was able to participate in the last Carifesta, the Caribbean Festival of Culture and Arts, which was held in Guyana in 1995. Furthermore, the State provides a subvention to several cultural and arts organizations.

140. In 1995 the National Commission on the Rights of the Child organized a drawing competition for primary school children on the Convention on the Rights of the Child. Unfortunately, owing to transportation problems and a time factor, only seven schools in and around Paramaribo could be included in all of the activities. The winning drawings of each participating school and the overall winning drawings were exhibited in the Fort Zeelandia Museum. While the exhibition was being held, students were invited to attend full mornings of free expression activities in the museum where an arts teacher explained how to "look" at art and they could discuss the drawings. Short sketches were also presented by a group of actors. Finally, the children were also given the opportunity to develop and act out their own sketches under the guidance of the actors. The activities were considered successful and the National Commission is discussing how to give a follow-up to them in a more structured and sustainable manner.

VIII. SPECIAL PROTECTION MEASURES

A. Children in situations of emergency (arts. 22, 38 and 39)

141. Suriname went through a domestic war in the 1980s, which was fought mainly in the interior. As a consequence, many people of the interior, mainly from the eastern area of the country along the Marowijne River, fled to neighbouring French Guyana, where they were kept in refugee camps for over two years. During this time UNHCR provided help for these refugees with the help of the French authorities. The Ministry of Education, in collaboration with

the denominational school boards which worked in the area before the war, provided classes for the children in the camps as well. After the peace accord was signed, the camps were closed and the former refugees returned to their villages in the interior.

142. Another group of refugees, mainly from the southern and south-eastern part of the interior, fled to the capital of Paramaribo, where they settled for the greater par illegally in unfinished houses of housing projects of the Ministry of Social Affairs and Housing in the immediate surroundings of the city. There were no government programmes to provide guidance for these displaced persons. The Foundation for Human Development undertook a mother and child care programme with UNICEF's assistance in one of these areas. The project focused on under-five children and their mothers. When the project ended after two years, the organization managed to continue its work for a short time but was forced to stop its work because of financial restrictions. After the peace accord was signed, some of the displaced persons did return to their original settlements, but a large number of them decided to remain where they were. They now live in dire circumstances in these peri-urban areas.

B. Children in conflict with the law (arts. 37, 39 and 40)

143. According to the Code of Criminal Procedure, no fact is punishable other than by the force of a preceding legal provision. If the legislation is amended after the time at which the offence was committed, the most favourable provisions for the person concerned will be applied. A person is considered to be a suspect if there is a reasonable suspicion of his being guilty of a criminal offence. The terms under which a suspect is detained are the same for juveniles and adults. In the youth prison, which is part of the Juvenile Affairs Department of the Ministry of Justice and Police, only male juvenile delinquents are detained. Female juvenile delinquents are detained in the women's prison at the police bureau of Geyersvlijt, with the negative consequences that may be expected.

144. Upon detention, the juvenile is informed of his/her right to legal aid. Every minor against whom a detention order is given or who is heard in a preliminary investigation must, if he/she has not yet reached the age of 18 years, be assigned an attorney at law. The judge in first instance must notify the institution which is responsible for assigning attorneys immediately of the need for such an assignment. If no attorney has been assigned or assignment has not taken place in time, the parents may appeal. If the juvenile delinquent who has not yet reached the age of 16 years on the first day of the court procedure is summoned to court and he/she does not yet have an attorney, he/she will be assigned one. If no attorney is assigned or assignment did not take place in time, the parents or guardians are entitled to appeal in accordance with article 38 of the Code of Criminal Procedure. The juvenile very often does not see his/her attorney until the first day in court and sometimes not at all. The juvenile must appear in person. In case of non-appearance of the suspect default is granted and the investigation is continued, unless the judge orders differently upon the commencement of proceedings as referred to in article 421 of the Code of Criminal Procedure. In case of a criminal offence, the court proceedings do not take place in open court, unless the co-suspects are adults.

145. The parents or guardians of the suspected juvenile are summoned to attend court. During the preliminary proceedings the parents or guardians are always summoned to be present whenever the juvenile, a witness or an expert witness is heard. The magistrate, however, can order a hearing to take place without the parents or guardians being present.

146. The Child Protection Department is responsible for social guidance of juvenile delinquents after judgement has been passed by the court. The Friends of the Youth Counselling Centre was recently founded to give support to the Juvenile Affairs Department of the Police. The foundation has meanwhile introduced a children's telephone line and is presently preparing the project Prevention of Juvenile Crime. The foundation further plans to set up a juvenile counselling centre for children who have come into contact with the law.

147. Article 9 of the Code of Criminal Law provides as main penalties capital punishment, imprisonment, detention and fining. The additional penalties are: withdrawal of certain rights, placement in a State institution, confiscation of certain objects, and publication of the court sentence. A minor may not be prosecuted for an offence committed before he/she has reached the age of 10 years. When a minor is sentenced who, at the time of the pronouncement of the final sentence in first instance, has not yet reached the age of 18 years, instead of the main penalties set for the offence concerned, a fine or reprimand can be given. In the prosecution of a minor for an offence committed before the age of 16 years, the judge can:

(a) Order that the guilty minor be returned to his parents or guardians without the application of any penalty;

(b) Punish the guilty minor with a reprimand;

(c) Punish the guilty minor with a fine or order that he/she be placed at the disposal of the Board without any penalty.

148. Only in certain cases are minors punished. If the judge has ordered that the guilty minor be placed at the disposal of the authorities:

(a) He/she is placed in a State institution so that he/she will be educated there or in another manner at a later stage, or the Board will provide for his/her education;

(b) He/she is entrusted to a particular person or legal entity (association or foundation or institution for the welfare of children) with its seat in Suriname, so that such a legal entity or particular person will provide for his/her education.

In both cases, the measure lasts until the minor has reached the age of 21 years. In practice, however, juveniles who are sentenced to be placed in State institutions are placed in a special section of the government penitentiary.

149. As far as minors who are between 16 and 18 years old are concerned, the judge can apply the above provisions or punish the guilty minor in accordance

with the provisions which apply to adults. If the judge sentences the minor to punishment, the maximum of the main penalties will be decreased by one third. If it concerns a criminal offence for which the guilty party could receive capital punishment or a life sentence, a prison term of no more than 15 years is pronounced. The additional penalties will not be administered.

150. In case of criminal prosecution of a minor for an offence or for violations of the law as referred to in articles 503, 504 and 505 of the Code of Criminal Law, the judge can, if the investigation gives occasion for such, place the guilty minor under supervision for a term not exceeding one year on the grounds described in article 372 of the Civil Code. This measure can be taken separately or jointly, but the imprisonment or detention, if unconditional, may not exceed a period of 14 days.

151. As a consequence of non-availability of teachers since 1994, the juveniles who are sentenced to imprisonment do not receive any form of education. The Child Protection Department is also responsible for the social guidance of these juveniles. By order of the Minister of Justice and Police of 24 December 1966, No. 9577, rules were established for the organization of the Department for the Care of Delinquents. The tasks of this department are the supervision of juvenile delinquents, and preparation and guidance with respect to alimony claims, provision of a guardian, withdrawal of parental rights/custody. Juveniles in prison can perform gardening, handicraft, maintenance and housekeeping activities.

152. Nothing structural is done as regards their psychological recovery and social reintegration. Nor are there special juvenile courts. Judges are assigned on a rotation basis for a certain period of time to juvenile cases, which is not an ideal situation, since they lack the necessary expertise and experience with juveniles. The State guarantees that juveniles will have honest proceedings.

153. There are no reliable statistics available on the number of delinquents or their socio-economic background. Whatever statistics are available only give the numbers of delinquents who are imprisoned.

154. At present, a new group of children is becoming manifest, namely children who are labelled "difficult" by their parents or guardians and who are increasingly becoming the target of neglect and abuse. The majority of Suriname's population consists of minors. The 1991 statistics of the General Statistics Office estimate that the number of persons between the ages of 0 and 19 years in Suriname is about 44.8 per cent of the population. A large number of Surinamese parents and guardians are no longer able to provide their children with the bare necessities of life in view of the deteriorating socio-economic situation, and are forced to involve their children in income-generating activities.

155. Street children have become commonplace in Suriname. The group of street children consists primarily of children from displaced families, orphans without a place to stay, children whose parents are drug or alcohol addicts, children whose parents are imprisoned, or children who were deserted by parents who have emigrated, especially to the Netherlands. There are no

reliable statistics available on this group of children. The Foundation for Human Development carried out a survey of street children together with the Juvenile Affairs Department of the Police in 1992. The children who were picked up from the streets were not all homeless. Most of them did have parents or guardians, but were left on their own for long periods of time because their parents (often single, working mothers) were forced to take two or more jobs to survive, and were away from home until late at night. These children then roamed the streets, becoming an easy target for violence, criminal activities and abuse.

156. In 1993 the Juvenile Affairs Department of the Police received 620 requests for assistance in Paramaribo. In 1994 there was an increase of 50 per month in comparison with the preceding year. It is self-evident that this situation is detrimental to the health and development of children in Suriname.

C. Children in situations of exploitation (arts. 32, 33, 34, 35 and 39)

157. The Labour Act (Bulletin of Acts and Decrees No. 163, as amended by Bulletin 1983, No. 91) defines labour as all work in a business, with the exception of work performed by the head or manager of the business or his spouse and blood relatives in the first degree. The Act distinguishes between youthful persons and children. "Youthful persons" are defined as minors who are between the ages of 14 and 18 years; "children" are persons who have not yet reached the age of 14 years. Article 17 of the Labour Act prohibits the performance of labour by children inside or outside any business, irrespective of whether this takes place against wages or not. Violation of this provision can be punished with imprisonment of no more than one month or a fine of no more than Sf. 1,000. In cases in which the work has an educational nature, is not too heavy and does not have any commercial purposes, the child is permitted to perform labour outside a business. Dispensation can be given by or on behalf of the Permanent Secretary of the Ministry of Labour, if this is in the interest of the child and at the request of the responsible person in the family.

158. Such dispensations are given in the following cases:

(a) The work is performed in the family in which the child is being brought up, in schools, working places, daycare centres, State institutions and such, provided that the work has an educational nature and is not aimed in the first instance at financial benefit;

(b) The work is performed in agriculture, horticulture or animal husbandry for the family in which the child is brought up, insofar as the work does not take place within factories or with equipment with a capacity exceeding two horsepower.

159. The Labour Act states that children beyond the compulsory school age (12 years) may perform labour as indicated by State decree, provided the work:

(a) Is necessary for the child to learn a vocation or should be carried out by children because of the nature of the business;

(b) Does not set high physical or mental demands; and

(c) Is not dangerous.

The State decree which is referred to, however, is non-existent.

160. In 1983 Suriname brought the Labour Act into line with ILO Convention No. 112 concerning the minimum age for employment. This adjustment took place by means of Decree E-41 (Bulletin of Acts and Decrees 1983, No. 91), in which "children" was further defined as persons who have not yet reached the age of 14 years. This caused the age for persons to enter the fisheries industry to be changed from 14 to 15 years.

161. In pursuance of the provisions of article 20 of the Labour Act, women and youthful persons are prohibited from performing night work or work which is hazardous to their health, morality or life - whether or not they receive wages for such work.

162. Increasing numbers of beggars, young "guards" of cars and young sellers of newspapers and other articles can be seen in the streets of Paramaribo. In the interior, increasing numbers of children find their way to the gold mines or become involved in prostitution and drug trafficking instead of going to school. These phenomena show that child labour has become a way of survival. According to the Ministry of Labour there is no child labour evident in the formal employment sector, but child labour in the informal sector is thought to be on the increase. The Ministry of Labour is planning to carry out a survey on child labour in the near future.

163. There is no special regulation for the protection of children against drug abuse and the illegal use of psychotropic substances and to prevent the use of children in the illegal production and trafficking of these substances. There are cases in which minors have been involved in drug-trafficking activities for adults.

164. Title XIV under the heading "Offences against Morality", and Title XVIII under the heading "Offences against Personal Freedom" in the Code of Criminal Law include provisions which aim at giving protection to children against all forms of sexual exploitation and sexual abuse. From May 1993 to May 1994, some 40 children were admitted to the Crisis Centre for Sexually Abused Children, which was run by the Foundation for Human Development. This centre was closed in 1994, and the Foundation for Human Development decided to have the counselling and guidance of young victims of (sexual) abuse take place as an ambulatory service. In the course of 1994 and 1995 basic training courses were organized to help form a network of (volunteer) counsellors for abused children. The Foundation for Children opened a Home for Abused Children in 1994, working more or less on the same lines as the above-mentioned crisis centre. The children who are presently in this home are between the ages of 6 and 16, although most of them were between 10 and 13, and are of different ethnic backgrounds.

165. The Juvenile Department of the Police initially involved itself with picking up boys who had been victims of violence, or who were neglected and who were found in the streets. The boys (a total of 50) were kept in the

cells of the Juvenile Police "for their own protection". The public prosecutions office ordered them to be set free, since there were no adequate facilities available to take care of these children and their detention in cells was considered a violation of the law. Some of the boys were taken up by structures of the Roman Catholic Church. The Tamara Foundation, a non-governmental organization, is presently in the midst of setting up a home and guidance centre for street children in cooperation with the Juvenile Department of the Police.

166. Youth prostitution is also on the rise. During a panel discussion on youth prostitution organized by the Female Junior Chamber Suriname in 1996, the head of the Juvenile Police declared that foreigners are often involved in recruiting minors for sexual exploitation purposes abroad, although no figures were presented. There have also been cases of hard pornography involving young girls. The Maxilinder Foundation, which works among prostitutes, claims that increasing numbers of minors, both boys and girls, are also involved in street prostitution. Sometimes the children are picked up in their own homes. Many parents and guardians apparently close their eyes to their children's activities of sexual exploitation for money. The numbers of children involved in prostitution are also increasing because this group is considered as "safer" to have sex with than adults (less chance of being infected with HIV).

167. Title XVIII of the Code of Criminal Law (arts. 338, 340, 341, 342 and 343) includes provisions on kidnapping, the removal of minors from persons exercising parental rights, the hiding of minors, abduction and deliberate murder. Incidents of the sale, trafficking and abduction of children have not yet been reported. What has been reported are incidental cases where minors, particularly girls travelling on their own to the western district of Nickerie, were induced by adults to cross the border to Guyana with them and were then sexually abused.

D. Children belonging to a minority or an indigenous group (art. 30)

168. The interior of Suriname is covered by dense tropical rainforest. The inhabitants of the interior are the indigenous people of Suriname, the Amerindians, and descendants of runaway slaves, the Maroons, who settled along the larger rivers. During the war in the 1980s, which was waged mainly in the interior, many of these peoples fled to neighbouring French Guyana or to the city of Paramaribo. After the peace accord was signed, many of them returned to their original villages. The interior is faced with a multitude of serious problems, which naturally have an effect on the children.

169. In the past two to three years schools have started to reopen in the interior. The problem which teachers are facing in this area is the large number of illiterate or semi-literate children, who have been unable to attend school since 1986. Special literacy programmes will therefore have to be carried out for them.

170. Health care in the interior is covered by the Medical Mission and is free of charge. It includes the provision of primary health care, including mother and child care, prenatal and post-natal programmes and vaccination programmes. Health care in the interior of Suriname used to be an example for

the region. Since the war, the entire health-care system in this area has collapsed and it is now in the process of being rebuilt. The Medical Mission was appointed by the Ministry of Health to take care of all health-related activities in the interior. At present, malaria is an increasing problem. New health hazards detected are the increase of sexually transmitted diseases (probably because of the rise of prostitution in this area) and mercury pollution of soil and water owing to the lack of proper control by the authorities of gold-mining activities.

171. The establishment of mining and timber companies has brought economic activities with which schools cannot compete. As a consequence, the number of boys not attending school in such areas is on the rise. These activities have also reopened discussions on the matter of land rights. The indigenous and tribal peoples of the interior who have lived in this area for centuries are now faced with companies - small and large, national and international - applying for mining and logging licences in precisely the areas where people live or carry on their agricultural activities. Licences are sometimes granted because the peoples of the interior do not hold any official title to the land on which they live. Another consequence of the gold-mining and logging activities - especially the illegal activities in this field - is an increase of prostitution in the interior, which apparently involves a large number of youngsters as well. Incidental cases have also been reported of the rape of young girls in the interior by illegal gold-miners. However, the lack of statistics is a constraint. The Government will have to structure the economic activities being carried out in the interior and take the appropriate measures to settle the issue of land rights in order to achieve proper development of that area.

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CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION

Initial reports of States parties due in 1995

Addendum

MARSHALL ISLANDS

[18 March 1998]

GE.98-19687 (E)

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Attachments*

Maps of the Marshall Islands (courtesy of the Bank of Hawaii)

Bill of Rights

Domestic Relations Act

Child Abuse and Neglect Act

Juvenile Procedure Act

Births, Deaths and Marriages Registration Act 1998

Education Act

Census of Population and Housing, 1988

Marshall Islands Statistical Abstract 1993 and 1994

November-December 1994 Fertility and Family Planning Survey

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* Available for consultation in the files of the Secretariat.

I. GENERAL MEASURES OF IMPLEMENTATION

Measures taken to harmonize national law and policy with the provisions of the Convention

1. The Government has not taken specific measures to harmonize national law with the Convention. However, with few exceptions, the laws and policies of the Marshall Islands are consistent with the Convention's provisions. Those areas where the national laws of the Marshall Islands need improvement include laws regarding child labour, sexual consent and marriage, and the naming of the natural father of a child born out of wedlock. These matters are discussed below.

Existing or planned mechanisms at the national or local level for coordinating policies relating to children and for monitoring the implementation of the Convention

2. In 1991, a National Nutrition Survey quantified the extent of malnutrition in the Marshall Islands, especially among children. Results of the survey are set forth in section VI.C of this Report. In response to the survey and the findings of the Situation Analysis of the Marshallese Child, the President and Cabinet in August 1991 established the National Nutrition and Children's Council (NNCC). Membership in the NNCC includes senior members of the Public Service, representatives from the Majuro and Kwajalein local governments, and representatives of non-governmental organizations (NGOs), including women's and business groups.

3. In addition to developing and implementing a nutrition policy, the mandated functions of the NNCC include (a) developing and recommending policies, programmes and projects consistent with the Convention on the Rights of the Child; and (b) assisting the Cabinet in coordinating, implementing, and monitoring activities related to the improvement of the status of the Marshallese child.

4. Since October 1992, UNICEF has provided a nutritionist to the Government to assist the NNCC and to assist in the development of a national food and nutrition policy. While work on the food and nutrition policy continues, the NNCC has completed and is preparing to implement a national breastfeeding policy.

5. With respect to the Convention on the Rights of the Child, the NNCC has been the moving force behind the preparation of this report. Those departments contributing most to the report were the Ministry of Health and Environment, the Ministry of Education, the Ministry of Social Services, and the Office of Planning and Statistics. Significant contributions also were made by the Office of the Public Defender, the Ministry of Internal and Outer Island Affairs, the Ministry of Resources and Development, the Council of Churches, the College of the Marshall Islands, and the Government's Prosecutors. Over a four-month period, UNICEF funded a private attorney to assist the Office of the Attorney-General to draft the legal provisions of the report and to compile and edit material submitted by the government departments. In respect to the Convention, the NNCC also is in the process of formulating recommendations to the Cabinet to advance the rights of children.

Measures taken or foreseen to make the principles of the Convention widely known to adults and children

6. In January 1996, the Ministry of Education will begin publicizing the right of children to education and what education should do for children. In 1997, the Ministry will supplement its publicity campaign with an outreach programme to inform parents how well the public schools in their communities are performing relative to the published curriculum and relative to other schools.

7. For its part, the Human Services Division of the Ministry of Health and Environment has initiated programmes to educate communities about child abuse and the right of children to protection. These programmes will be discussed in section VI of this report.

Measures taken or foreseen to make the reports on implementation of the Convention available to the public at large

8. NNCC shall make the report available to the public and solicit comments for consideration and incorporation into future reports.

II. DEFINITION OF THE CHILD (art. 1)

9. Majority. The Domestic Relations Act, section 107, sets the age of majority in the Marshall Islands at 18 years.

10. Legal or medical counselling without parental consent. The Marshall Islands does not have laws setting an age at which children can obtain legal or medical counselling without parental consent. However, as a matter of practice, older teenagers can obtain medical and contraceptive counselling from the Ministry of Health and Environment without parental consent. Also, the public high schools provide medical and contraceptive counselling to their students without parental consent.

11. Compulsory education. Under the Education Act 1991, section 320, attendance at a public or non-public school is required of all children between the ages of 6 and 14, or until graduation from primary school (i.e. the eight grade). In 1992, 78 per cent of the elementary school-aged children attended school.

12. Employment. Marshall Islands labour laws do not regulate the employment of children. Other than establishing a minimum wage of $2.00 per hour, the labour laws only control and limit the use of non-resident (i.e. alien) workers. In 1983, the Nitijela enacted the Labour (Minimum Conditions) Inquiry Act 1983, with a Board to examine conditions of labour; however, to date the Board has not reported its findings.

13. Sexual consent. The law on sexual consent is not clear. Under the Births, Deaths and Marriages Registration Act 1988, section 428, a girl between the ages of 16 and 18 may, with the consent of her parents, marry. However, under the Child Abuse and Neglect Act, section 502 (b), sexual contact with a person under the age of 18 is child abuse, a crime. At any rate, neither law is closely followed. Sexual activity among the youth is high and prosecutions for consensual sex with minors are very rare. The 1988 census showed that the number of children between the ages of 10 and 14

who were married (living together in consensual unions) was 24, 7 boys and 17 girls. The number of children between the ages of 15 and 19 who were married was 590, 145 boys and 445 girls. Notwithstanding the high rate of sexual activity, the Office of the Attorney-General reports that over the past three years, there have been only seven cases of sexual contact with minors reported to the police. Charges were filed and convictions obtained in all of these cases. Four of the defendants were sentenced to jail.

14. Marriage. Under the Births, Deaths and Marriages Registration Act 1988, to contract a valid marriage the male must not be less than 18 years of age and the female not less than 16 years of age. Where the female is at least 16 years of age but less than 18 years of age, one of her parents or guardians must consent to her marriage. The different minimum marriage age for men and women reflects perceived differences in physiological and psychological development between males and females. However, as noted above, the law regarding the minimum age for marriage is often ignored.

15. Voluntary enlistment in the armed forces. The Marshall Islands does not have a military. The only armed forces are the national and local police forces, and only the sea patrol division regularly carries firearms when it goes on patrol. To be a police officer one must be 18 years of age. Although the Marshall Islands does not have a military, Marshallese citizens who qualify may volunteer to serve in the United States Armed Forces. Volunteers must be 17 years of age.

16. Conscription into the armed forces. As noted above, the Marshall Islands does not have a military and Marshallese are not subject to conscription into the United States Armed Forces.

17. Voluntarily giving testimony in court. The competency of a child to give testimony in court is governed by the Evidence Act of 1989, rule 601. Under rule 601, every person (including a child) is competent to be a witness, unless the court finds are questioning that he or she does not have sufficient physical or mental capacity or sense of obligation to testify truthfully and understandably. An exception to the general rule is the treatment of confidential parent-child communications under rule 502 (e). Confidential communications between a parent and child during the parent-child relationship are privileged and either can oppose compelled disclosure. The privilege is not applicable to civil suits between the parent and child. Moreover, in criminal proceedings against a parent or child for crimes against the other, or another parent or child, testimony may not be compelled but may be volunteered.

18. Criminal liability. Under the Juvenile Procedure Act, sections 303 and 304, a person under 18 years of age who violates the law may be adjudged to be a delinquent child. However, an adjudication of delinquency does not constitute a criminal conviction.

19. Pursuant to the Criminal Code, section 107, children under the age of 10 years are conclusively presumed to be incapable of committing any crime; and children between the ages of 10 and 14 years are conclusively presumed to be incapable of committing any crime, except crimes of murder and rape. In murder and rape cases, the presumption is rebuttable.

20. The Juvenile Procedure Act also provides that an offender 16 years of age or older may be treated as an adult if, in the opinion of the court, his physical and mental maturity so justifies. According to the Office of the Attorney-General, during the past three years 11 boys between the ages of 16 and 18 were treated as adults; last year only one. These cases involved serious assaults.

21. Deprivation of liberty; imprisonment. Pursuant to the Juvenile Procedure Act, sections 303 and 307, a person who is adjudged to be a delinquent may be confined in such a place, under such conditions, and for such period as the court deems in the best interests of the child's requirements. However, such confinement cannot exceed the period for which he might have been confined if he were an adult. Where possible, the delinquent child is to be detained apart from adults and, where appropriate, the delinquent child is to be released into the custody of parents.

22. In cases involving first-time offenders and where no grievous bodily harm was caused, the court will place the child on probation under the custody of a parent or other adult. During the probation, the court will impose conditions on the child and the custodial parent. Such conditions may include community service, abstention from alcohol and other controlled substances and payment of restitution or fines. Most probations are for three years. Occasionally, the court, at the request of the parents, will sentence the child to stay with relatives on outer islands that have no alcohol.

23. In cases involving repeat offenders and grievous bodily harm, the court will order the child into police custody. The Public Defender reports that in recent years the longest jail term for a juvenile delinquent has been 10 months, although juveniles tried as adults receive longer sentences. When a juvenile is sentenced to police custody, the court will order that he be held apart from adult prisoners. Unfortunately, the Republic has no separate juvenile detention facilities so juvenile offenders interact with adult prisoners.

24. With respect to incarceration and punishment, children also benefit from article II, section 6, of the Constitution which provides (a) that no crime may be punished by death and (b) that no person under the age of 18 can be imprisoned at hard labour.

25. Consumption of alcohol or other controlled substances. Under the Alcoholic Restriction Act of 1994, no person under 21 years of age may purchase, consume, drink or possess alcoholic beverages. Further, no person under the age of 21 may enter or remain in any bar. Also, under the Sale of Tobacco to Minors Act, selling cigarettes and tobacco products to children is a crime.

26. Notwithstanding the laws, the Office of the Public Defender reports that over the past three years, approximately 95 per cent of the 200 juvenile cases involved alcohol and cigarettes. Juveniles were either under the influence of alcohol or committed break-ins to get alcohol and cigarettes or money and property with which to buy alcohol and cigarettes. In the view of the Public Defender and the prosecutors, the abuse of alcohol by minors is a serious problem that is not being adequately addressed. Enforcement of the laws is lacking and parental control is absent.

III. GENERAL PRINCIPLES

A. Non-discrimination (art. 2)

27. Article II, section 12, of the Constitution declares that all persons are equal under the law and are entitled to the equal protection of the laws. Moreover, no law and no executive or judicial action may discriminate against any person on the basis of gender, race, colour, language, religion, political or other opinion, national or social origin, place of birth, family status or descent.

28. This right, as well as the others set forth in the Bill of Rights, may be invoked in court either as a defence or as the basis of a claim for relief. To date, however, the rights of children to equal protection have not been an issue and no court action has been filed to enforce the right of children to equal protection.

29. Notwithstanding the above, it is generally believed that the children of traditional and political leaders receive preferences in getting jobs, scholarships and other government services. However, this preference is more a function of tradition than an intentional policy of the Government. Moreover, there does not appear to be any widespread discrimination against children because of their parents' political views or social status.

30. Minority and indigenous children. The vast majority of the Republic's population is made up of indigenous Marshallese (96.9 per cent). For this reason, the question of discrimination against children belonging to minorities or indigenous communities rarely arises.

31. Rural children. Since virtually all Marshallese have land rights in the outer islands and, since most people who live in the urban centres choose to register to vote from the outer islands, there is no discrimination against the rural communities or their children because they live in rural area. However, many government services are only available in the urban areas. This is a function of economics and demographics rather than a policy of discrimination. The remoteness and small populations of the outer islands are a major constraint to the extension of services to them. Money and services go to where the people are, the urban centres. The services the Government provides to outer island children will be explained below in section VI, "Basis health and welfare", and in section VII, "Education, leisure and cultural activities".

32. Refugee and asylum-seeking children. Because the Marshall Islands is distant from major land masses and countries engaged in war or civil strife, it does not have refugee or asylum-seeking children.

33. Girls. Although land is inherited through the mother, the Marshall Islands is traditionally a male-dominated society. To promote the political, economic, cultural and educational advancement of women and girls, the Cabinet in July 1995 adopted a national policy on women. Portions of the policy will be integrated into the Third Five-Year National Development Plan that covers the five-year period beginning October 1996. Some of the objectives of the policy are to make women aware of their legal rights, to increase awareness of domestic violence, to promote proper child support and to protect and clarify matrilineal land rights.

34. The Women's Services Division of the Ministry of Social Services has also been involved in awareness-raising training and workshops for women on Majuro, Ebeye and the outer islands (10 trainers and 33 trainees), advocacy in gender development (53 participants), home technology (28 participants) and income-generating activities. The Division is also planning a nationwide training programme on women's rights and confidence-building.

35. Disabled children. Measures taken for the benefit and advancement of disabled children are set forth in this report under sections VI and VII.

36. Disaggregation of data. Since the publication of its 1986 Statistical Abstract, the Office of Planning and Statistics has disaggregated data base upon sex, age and location. This disaggregation provides a statistical base for measuring compliance with the provisions of the Convention.

B. Best interest of the child (art. 3)

37. The "best interest of the Child" is the governing standard for the following institutional actions.

38. Detention. As noted in paragraph 21 of this report, the best interests of the child is the criterion for determining the conditions and length of confinement for juvenile delinquents.

39. Adoption. Under the Domestic Relations Act, section 122, the best interest of the child is the criterion for legal adoptions. The courts make comprehensive inquiries into the circumstances surrounding proposed adoptions to ensure that the best interests of the child are served.

40. Custody. The best interests of the child is also the criterion employed by the courts in awarding custody in separation and divorce proceedings.

C. The right to life, survival and development (art. 6)

41. There are provisions in the Constitution that recognize a person's right to life and that seek to ensure the development of all the people. These provisions, which are discussed below, apply to children as well as to adults.

42. Due process and prohibitions against cruel and unusual punishment. Under article II, section 4 (1), of the Constitution, no person shall be deprived of life, liberty or property without due process of law. Moreover, article II, section 6 (1), of the Constitution provides that no crime may be punished by death; no sentence of imprisonment at hard labour can be imposed on any person under 18 years of age; and no person shall be subject to cruel or unusual punishment.

43. During the 17-year history of the Marshall Islands Government, there have been no reported cases involving children where these rights have been violated. There is, however, concern in the urban communities that police unnecessarily beat young men arrested for drunk and disorderly conduct.

44. Education and health. The development of children is constitutionally mandated by article II, section 15, of the Constitution which declares that the Government recognizes the right of the people to health care and education

and the obligation to take every step reasonable and necessary to provide such services. For a discussion of the educational and health services available to children, see sections VI and VII.

D. Respect for the views of the child (art. 12)

45. Under article II, section 1 (1), of the Constitution, every person, including a child, has the right to freedom of speech and of the press and to petition the Government for a redress of grievances. These rights are subject to reasonable restrictions to preserve public peace and order. To date, the Government has not had occasion to impose any such restrictions. Nor has the right of children to express themselves been an issue.

46. In school. For children, the rights of speech, press and petition are most commonly exercised within the school setting. One example is the local "Close-up Programme" where students from every high school convene in Majuro for workshops and meetings on civic affairs. Often meetings are held with senior government officials. At these meetings students are encouraged to express their views on topics of concern, e.g. the environment, population and education. Selected students from the Marshall Islands also participate in the "International Close-up Programme of Governmental Studies" sponsored by the United States. These students are able to travel to the United States and discuss their concerns with United States legislators. Students in both elementary and high schools are also encouraged to hold mock elections during the national elections and to discuss the issues current in the community.

47. In adoption proceedings. Under the Domestic Relations Act, sections 121 and 122, no legal adoption can be granted without the presence of the child in court and no legal adoption of a child over the age of 12 can be granted without his or her consent. The courts adhere to this law without exception.

48. In juvenile delinquency proceedings. Children who are brought before the court in delinquency proceedings are also given an opportunity to speak on their own behalf. However, as a rule juvenile offenders say little in court and let their attorneys do most of the talking. If a juvenile offender cannot afford an attorney, he or she can use the services of the Office of the Public Defender at no charge.

IV. CIVIL RIGHTS AND FREEDOMS

A. Name and nationality (art. 7)

49. The Marshallese are relatively informal about names. Most people have a formal first name, a nick-name, and as a family name the first or last name of their father or grandfather. Although virtually everyone receives their names shortly after birth, some people are called "Baby" well into adulthood. The spelling of names also varies. It is not unusual for the spelling of the person's name to differ on his birth certificate, social security records and driver's licence. Moreover, some people change the last name they use from time to time. Twins provide a good opportunity for imaginative naming, e.g. Coffee and Tea, Silver and Gold. Parents also give their children one name for both the first and last names, e.g. Alik Alik and John John.

50. Unlike names, citizenship is certain and lasting. Article XI, section 1, of the Constitution provides that a person is a citizen at birth

(a) if either parent is a citizen or (b) if the child is born in the Marshall Islands and at birth is not entitled to be or become a citizen of any other country. Also, the Citizenship Act 1984, section 403 (3), provides that parents can have their children naturalized as citizens when they themselves are naturalized. There has been only one court case where the citizenship of a child was at question. In that case the child was entitled to become a United States citizen.

B. Preservation of identity (art. 7)

51. The Births, Deaths and Marriages Registration Act 1988, sections 407-419, provides that each child born in the Marshall Islands is to be registered by the registrar of the atoll. It is the duty of the parents or, in their absence, other qualified informants to give the atoll registrar the particulars of the birth. Usually the informant is the mother. At the time of registration, the informant can request and obtain a certification of birth. The atoll registrars regularly forward the information they collect to the Majuro Office of Planning and Statistics of the Ministry of Health and Environment. This information is then passed on to the National Government's registrar. Violations of the registration law are punishable by fines not to exceed $500 or imprisonment not exceeding six months. The Ministry of Health and Environment estimates that approximately 80 per cent of the children born in the Marshall Islands are now being registered.

C. Freedom of expression (art. 13)

52. This topic has been covered under section III.D of this report, "Respect for the views of the child".

D. Access to appropriate information (art. 17)

53. The Ministry of Education prints in Marshallese and distributes to the elementary schools legends of the Marshall Islands and other Pacific islands. Many of these texts are used in language arts classes. The Ministry is also translating health materials into Marshallese for both the elementary and high schools. The texts include health workbooks for grades 1 through 12 and HIV(AIDS) textbooks for grades 3 through 12. Additionally, the Ministry of Education distributes to teachers, families and students handouts obtained from the Ministry of Health and Environment on health issues, e.g. vitamin A, AIDS and other sexually transmitted diseases, and family planning. All these handouts are written in Marshallese. Health educators also publish a monthly newsletter which is sent to teachers and parents. The reading level and subject matter are appropriate for children.

54. Youth to Youth in Health, an NGO serving youth and young adults (8-25 years of age), also has produced or performed skits, dramas, songs, dances, radio programmes, leaflets and posters to promote awareness of sexually transmitted diseases, teen pregnancy, suicide and women's issues. Over the past 10 years, these programmes have reached thousands of young people in the urban centres and on the outer islands. Youth to Youth in Health also conducts leadership seminars for adolescents and young adults (13-25 years of age) to assist them to develop a greater consciousness of health and environmental issues. To date, Youth to Youth in Health has trained over 230 peer educators through such efforts.

55. To promote the Marshallese language, the Marshallese Language Commission Office of the Ministry of Interior and Outer Island Affairs has produced books and other reading materials for use in the schools. These include books on proverbs, riddles, clans, canoes, legends, as well as a dictionary and textbooks on the alphabet, counting, reading and grammar. The College of the Marshall Islands also promotes the Marshallese language through a Marshallese Studies programme and instruction in Marshallese orthography.

E. Freedom of thought, conscience and religion (art. 14)

56. Article II, section 1, of the Constitution declares that every person has the right to freedom of thought, conscience and belief and to the free exercise of religion. Many Marshallese are Christians; however, there is no State religion or interference in the practice of religion. Most children follow the religion of their parents and Church-supported schools receive aid from the national and local governments on the same basis as other private schools. It is noted, however, that the Cabinet has at least on one occasion denied a non-profit corporate charter to a religious group.

F. Freedom of association and of peaceful assembly (art. 15)

57. Under article II, section 1, of the Constitution, every person - including a child - has the right to freedom of peaceful assembly and association. These rights are subject to reasonable restrictions to preserve public peace and order. The only restriction placed on children in Majuro and Ebeye is a 10.00 p.m. curfew during school days.

58. In addition to their participation in school and sporting activities, many children (particularly the older ones) congregate in the cool evening hours to bwebwenato (i.e. talk story). Some youth groups also meet during the weekday evenings to study the Bible and hold meetings on issues of concern. During the Christmas season, many children form dancing and singing groups called japetas that perform in the various churches. These children spend hours on end together practising their dances or "beats" as they call them.

G. Protection of privacy (art. 16)

59. Article II, section 13, of the Constitution guarantees the right to personal autonomy and privacy to all persons, including children. Only rarely are there cases where he right to privacy is at issue, i.e. libel cases and cases where the right to choose one's attorney is involved. In none of these cases have children been directly involved.

60. Because the Marshall Islands are very small and people live in close proximity to each other, it is the custom to respect the privacy of others. This cultural bias extends to the Government. Moreover, the Government does not maintain the institutions by which Governments commonly invade the privacy of their citizens. The Marshall Islands has no military; it has only a small police force with few operating vehicles or weapons.

H. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (art. 37 (a))

61. Constitutional protections against cruel and unusual punishment, including the death penalty and hard labour for children, are discussed in section III.C of this report. Statutory protections against abuse and neglect are discussed in section V.I.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

A. Parental guidance (art. 5)

62. As noted earlier, it is customary for Marshallese to live in extended family groups of three or more generations. In such settings, the mother is the primary care giver; however, in raising their children the parents are assisted by other family members (particularly females). Often grandparents will "adopt" grandchildren as their own and become the primary care givers while the natural parents may or may not remain in the household. These "customary adoptions" by family members are very common. Under such "adoptions" contact with the natural parents is not broken. If the "adopting" parents die before the child is an adult, the natural parents often will re-assume the role of parent.

63. Customarily, a child born out of wedlock is treated as any other child of the mother's family. Marshallese society places no stigma on such children. The only difference in their treatment is the placement of the name of the father on the birth certificate. If a child is born out of wedlock, both the natural mother and father must consent to placement of the father's name on the birth certificate. If such consent is not given, the father's name will be listed as "unknown". Paternity can, however, be established in the courts and support awarded.

64. The rights of the parents, and of the extended family, to raise their children in accordance with their customs and beliefs is protected by the right to privacy under article II, section 13, of the Constitution. Such rights have not been a matter of question.

B. Parental responsibility (art. 18, paras. 1 and 2)

65. Under the Juvenile Procedure Act, sections 308 and 309, the Government recognizes the right and responsibility of custodial parents or guardians to exercise parental control and authority over their children. Parents can be fined up to $100 and held liable for the damage done by their delinquent children, if the parents are found to have failed or neglected to subject their children to reasonable parental control and authority. According to the Office of the Attorney-General, only two parents have been fined for the delinquency of their children.

66. To assist parents in discharging their parental responsibilities, the Ministry of Health and Environment and the Ministry of Social Services offer various programmes and services. These include counselling and education on child care, parenting, family planning, nutrition, gardening, child abuse, alcohol abuse, suicide, sexually transmitted diseases, rape, mental illness and other matters. As appropriate, the counselling services are offered to children as well as parents. In addition, Youth to Youth in Health and the

Health Education Unit of the Ministry of Health and Environment have produced radio programmes that provide public education on family health issues. The remoteness and small populations of the outer islands make it difficult to extend and supervise such services outside of the urban centres. Less structured family counselling often is provided by the Churches.

C. Separation from parents (art. 9)

67. The separation of children from their parents (or extended family) has not been an issue in the Republic. Under the due process and privacy clauses of the Constitution, article II, sections 4 and 13, the right of children and parents to remain together is protected. The due process clause prohibits arbitrary State action and requires notice and an opportunity to be heard before an impartial tribunal. The privacy clause protects parents and children from unreasonable interference in personal choices that do not injure others and from unreasonable intrusions into their privacy.

68. Under the Domestic Relations Act, section 110, the courts make make custody and support orders within the context of divorce proceedings. It is the usual practice for non-custodial parents to have visitation rights. For the safety of the custodial parent and the children, the non-custodial parent can be ordered not to make contact with them. As a matter of practice, the courts base their custody and support decisions on the best interests of the child after an inquiry into the relevant facts.

D. Family reunification (art. 10)

69. As with the question of separation of children from their parents, family reunification has not been an issue. The Government does not, and has not, imposed restrictions on citizens leaving or entering the country for family reunification, or any other reason. Moreover, children who are aliens invariably arrive with their parents or guardians. As noted earlier, the Marshall Islands does not have refugee or asylum-seeking children whose presence would raise the issue of reunification.

E. Recovery of maintenance for the child (art. 27, para. 4)

70. When parents separate, it is customary for the children to remain with the mother's extended family (occasionally with the father's family). In such situations, the custodial family will support the child with or without assistance from the non-custodial parent. This is what occurs on the outer islands.

71. On Majuro and Ebeye, where many men work at salaried jobs, it is becoming common for a custodial mother to seek court-ordered support payments. As noted above in section V.C. of this report, the courts will issue orders for the support of minor children.

72. To enhance enforcement of support orders outside the Marshall Islands, the Government enforces (on a reciprocal basis) support orders issued by the states of the United States. Such enforcement cases, however, are few and usually involve a United States citizen seeking payments from another United States citizen.

F. Children deprived of a family environment (art. 20)

73. Given the extended family system, there are virtually no children deprived of a family environment. If for some reason a child should not, cannot, or merely does not live in the same household as its parents, the child can live with grandparents, aunts and uncles, or with the families of their friends. Occasionally, older children whose behaviour has alienated them from their families will live together without parental guidance, but this is a rare and temporary arrangement. There are no orphans or orphanages in the Marshall Islands. There are no street children. If children are neglected or abused, assistance is provided to them within the extended family setting. This matter will be discussed in more detail in section V.I. below and in section VI.

G. Adoption (art. 21)

74. The Domestic Relations Act, sections 119-123, provides for the legal adoption of children. All legal adoptions must be approved by the court after a hearing at which the child must be present. The criterion for approving an adoption is the "best interests of the child". Notice to, or the consent of the natural parents is required. Also, where the child is 12 years of age or older, the consent of the child is required.

75. Although Marshall Islands law does not require the courts to exercise greater scrutiny for intercountry adoptions, the courts as a rule examine such cases more closely. The courts routinely inquire into whether money has been paid for an adoption to assure that no "selling" of children occurs.

76. Notwithstanding the above statutory and judicial safeguards, there is concern in Majuro that children are being taken to the United States for adoption, rather than first being adopted in the Marshall Islands (where the rights of the natural parents can be protected). The frequency of this practice is not known.

H. Illicit transfer and non-return (art. 11)

77. There are no reported cases of the illicit transfer and non-return of children. If a person did illegally take a child, he or she would be subject to prosecution for kidnapping and to imprisonment for up to 10 years under the Criminal Code, section 135. Taking one's own child is not deemed to be kidnapping. However, if a non-custodial parent were to take a child from the court-ordered custodial parent, the non-custodial parent would be subject to criminal and civil contempt proceedings.

I. Abuse and neglect (art. 19), including physical and psychological recovery and social reintegration (art. 39)

78. Under the Child Abuse and Neglect Act, sections 501-512, persons attending, teaching or treating children are required to report suspected cases of child abuse or neglect to the Chief of Police or the Secretary of Health.

79. In the Act, child abuse and neglect are defined as any acts or omissions of any person that have resulted in physical or psychological harm to a child

or which subject the child to any reasonably foreseeable, substantial risk of harm. The non-exclusive list of acts deemed to be abuse or neglect is long and includes injury, malnutrition, failure to thrive, sexual contact or other forms of sexual exploitation.

80. The Act also provides (a) for training those responsible for making abuse and neglect reports; (b) for public education to prevent child abuse and neglect; (c) for the prevention and control of malnutrition; and (d) for counselling those found to have committed child abuse or neglect.

81. Persons who fail to report abuse or neglect are subject to a fine not exceeding $500. Persons found to have committed child abuse or neglect are subject to a fine not exceeding $2,000 and imprisonment not exceeding two years in addition to any other penalties under the Criminal Code.

82. The incidence of maltreatment of children in 1993 and 1994, as recorded by the Ministry of Health and Environment, was as follows:

	1993 Number	1993 Rate/1 000	1994 Number	1994 Rate/1 000
Cause:				
Malnutrition	156	5.000	174	5.330
Medical/child neglect	8	0.250	12	0.370
Physical abuse	3	0.100	10	0.310
Emotional child abuse	2	0.064	3	0.092
Child neglect/supervision	2	0.064	5	0.153
Child abuse/sexual	6	0.200	8	0.250
Total	177	5.600	212	6.500

83. The social factors that caused this abuse and neglect include households crowded with brothers and sisters, a large number of teenagers not in school, high unemployment, a high rate of teenage pregnancy, and alcohol abuse. To combat child abuse and neglect, the Human Services Division of the Ministry of Health and Environment provides counselling services for the parents and children. The Human Services Division also produces a weekly half-hour radio programme entitled "Home Is Where It Begins". This programme covers issues of child abuse, incest, suicide and alcoholism.

84. In 1992, the National Nutrition and Children's Council formed the Child Abuse and Neglect Task Force with representation from concerned ministries and NGOs, including the Ministry of Health and Environment, the Ministry of Social Services, the Prosecutor's Office, the National Department of Public Safety, local government police, religious leaders and traditional leaders. This committee is responsible for discussing and identifying measures to be taken when child abuse occurs. In rape cases, staff from the Ministry of Health and Environment visit the victim for counselling and when appropriate refer the matter to the Attorney-General for prosecution.

85. In August 1993, the Task Force helped organize and conduct a national conference on Marshallese children with special needs. The main objective of the conference was to increase public awareness of the status of children and to provide training to service providers of children with special needs.

86. Since 1985, the Ministry of Social Services, through the Family Food Production and Nutrition Education Project, has educated families on nutrition and food production for the prevention and control of malnutrition. From 1985 through 1994, 3,243 men, women and young people participated in the Project's training and workshops. The main objectives of the Project's activities are the following: to improve the nutrition of families, especially young children and mothers, through the production and consumption of home-grown nutritious foods; to promote the production of traditional and selected food crops in home gardens; and to diversify the household food base. Similar education and training activities have been provided by the Cooperative Research and Extension (CRE) of the College of Micronesia. The CRE has served 210 clients, of whom 25 per cent were elementary school students aged 6 to 11 and 15 per cent were high school students aged 13 to 18. In the long run, all these measures are expected to improve the nutrition of the children and to improve the availability of food at the household level. At the same time, continued urbanization and rapid population growth place more and more stress on limited resources.

87. The ill-treatment of children at school has not been an issue. The Marshall Islands is a relatively non-violent society. On the rare occasions that teachers mistreat students, school administrators counsel or terminate the teachers.

J. Periodic review of placement (art. 25)

88. As noted above, there are no foster homes or orphanages in the Marshall Islands, and there are no institutions that place children for adoption. Accordingly, there is no institutional placement of children to review.

VI. BASIC HEALTH AND WELFARE

A. Survival and development

89. As noted under section III.C, the Government's commitment to the survival and development of children is a constitutional mandate. Under article II, section 15, of the Constitution, the Government recognizes the right of the people to health care and the Government's obligation to take every step reasonable and necessary to provide such services. Once an infant is born, every protection of the law is extended to this individual, as are a full range of public services to promote the physical and mental development of the child. The health services that are provided will be described later in this section.

90. In addition to this constitutional mandate, the survival and development of children are also supported by tradition. The Marshallese infant receives extraordinary support from the traditional extended family, which represents a reservoir of experience in raising children and readily available assistance with child care. One of the greatest feasts of Marshallese tradition is the kamem, observed on the first birthday of a child. The ceremony has its origins in the pre-Contact era when few infants survived the first year of

life. The tradition has continued into the present-day, with the parents and grandparents of the child hosting large evening meals, sometimes with hundreds of guests.

91. This commitment to children, along with improved clinical care funded by the United States, has resulted in a dramatic increase in the number and percentage of children over the past 50 years. Since the close of the Second World War the population has increased fivefold, from 11,000 to over 55,000. Today, over 60 per cent of the population is 18 years of age or younger. Thus, a relatively small number of adults must support and supervise a far larger number of children.

92. The Marshall Islands recognizes that it does not have the resources to sustain this growth and provide adequate health care and educational services to its children. With successful family planning programmes, the growth rate has subsided from its high of 4.1 per cent in the 1980s to 3.6 per cent in the 1990s. Reducing the growth rate remains a goal of the Government.

93. Despite this very high growth rate, many foetuses are lost. In November and December of 1994, the Ministry of Health obtained extensive data about reproductive behaviour. A nationwide sampling was taken of the knowledge, attitudes and practices of 962 women between the ages of 15 and 49, the child-bearing years. At the time of the survey, 692 respondents (or 72 per cent) had living children and about 8.3 per cent of the women interviewed were pregnant. About a quarter of respondents (25.18 per cent) had experienced at least one miscarriage: about 11 per cent had had at least three and one in 50 women had had at least five.

94. While the Government does not prohibit foetal abortion, the practice is generally considered repugnant and is only infrequently performed. The Ministry of Health and Environment does not maintain data on the number of abortions performed by its personnel, and there is no data on abortions that may be performed by non-medical personnel. Abortions would be included in the incidence of miscarriage reported in the previous paragraph. Infanticide was practised as a means of population control in pre-Contact Marshallese society; this practice was stopped with the advent of the Christian faith.

B. Disabled children

95. Special health-care services for disabled or handicapped children and adults in the Marshall Islands were initiated in the 1960s in response to measles, smallpox and polio epidemics that struck the islands. A rehabilitation ward was established at the Majuro hospital to treat children with physical disabilities.

96. Currently, services for children with special health-care needs are administered by the Maternal and Child Health (MCH) programme area of the Ministry of Health and Environment. Marshallese children with the following conditions are served by the programme: cleft lip and palate, spina bifida, congenital dislocation of the hip, polydactyly, clubfoot, hydrocephalus, Down's syndrome, missing or deformed parts, cerebral palsy, polio, hearing problems, vision problems, developmental delay, mental retardation, heart problems, orthopaedic needs, burn victims and others.

97. The initial screening of children is performed by public health nurses at the Majuro and Ebeye hospitals and by health assistants at the outer island dispensaries, with direction and coordination provided by the MCH programme.

98. When visiting any health-care facility in the Marshall Islands, infants up to 18 months of age are screened for physical and mental development. The screening tool consists of a one-page questionnaire and a two-page written record of each examination. The recorded replies are derived from an examination of the baby and an interview with the mother or other care giver. The questions pertain to motor and sensory skills, the development of social, cognitive and language skills and any general concerns of either the mother or the examining health provider.

99. An annual grant to the Government from the Maternal and Child Health Bureau of the United States Public Health Service has been used to support the short-term services of specialized consultants to work with children identified as having special health-care needs. Specialists have been brought to the Marshall Islands to perform surgery on such children. The consultants in recent years have included such specialists as a plastic surgeon and a paediatric cardiologist. The MCH programme has also arranged and paid for overseas medical referrals for children requiring special medical attention. The Shriners Hospital in Honolulu has been the usual receiving hospital for these referrals.

100. In the identification of clients and provision of services to children with special needs, the Ministry of Health and Environment has worked closely with other agencies in the community through an inter-agency committee. In addition to officials of the MCH programme, the inter-agency committee consists of representatives of the Division of Human Services within the Health Ministry, which has responsibility for victims of child abuse and neglect; the Special Education and Head Start programmes within the Ministry of Education; the parents of children with special needs; the Division of Public Safety; local governments; and the Family Life Education Programme of the Ministry of Social Services.

101. The number of clients served by the programme in the past three years, categorized by health condition, are summarized in the table below. The 1992 figures represent the total number of MCH clients at that time, while the columns for 1993 and 1994 show the number of clients subsequently added to the programme.

102. It may be noted that the number of MCH clients has nearly doubled during the past three years. The most common conditions have been hearing problems and heart problems, which together accounted for approximately half of the clients in 1994.

Children with special health-care needs (up to 21 years)

Condition	1992 (base year)	1993 (new clients)	1994 (new clients)
Cleft lip and palate	8	5	2
Spina bifida	0	0	0
Congenital hip dislocation	0	0	2
Polydactyly	9	9	4
Clubfoot	1	2	2
Hydrocephalus	2	0	0
Down's syndrome	0	0	2
Missing or deformed part	1	0	0
Cerebral palsy	2	2	2
Polio	1	0	0
Hearing problems	25	5	16
Vision problems	6	5	6
Developmental delay	6	0	0
Mental retardation	2	0	0
Heart problems	17	4	13
Orthopaedic	5	2	3
Burns	10	1	1
Other conditions	1	0	0
Totals	96	35	53

103. Medical and rehabilitative services to children with special health-care needs are provided free of charge. There is, however, a need to improve the quality of local resources for developmentally delayed or handicapped children. The conversion of the Ministry of Health and Environment to a Primary Health Care service delivery model will enhance the screening and service provision for children with special health-care needs.

C. Health and health services

104. The Ministry of Health and Environment comprises five major divisions: the Bureau of Primary Health Care; the Bureau of Majuro Hospital Services; the Bureau of Kwajalein Atoll Health Care Services; the Bureau of Administration, Personnel and Finance; and the Bureau of Health Planning and Statistics.

105. The Bureau of Primary Health Care is responsible for all preventive and primary care programmes throughout the Marshall Islands. The Bureau is headed

by an Assistant Secretary and is organized into six divisions: (1) Public Health, which includes Maternal and Child Health and Immunization, Family Planning, Chronic Disease Control and Communicable Disease Prevention; (2) Health Education; (3) Youth and Adolescent Health; (4) Dental Services; (5) Human Services, which include programmes for social work, substance abuse prevention and vocational rehabilitation; and (6) the Outer Island Dispensary System.

106. The Ministry of Health and Environment provides nearly all health-care services throughout the Marshall Islands. Health services are administered through the two hospitals in the urban communities of Majuro and Ebeye and 60 dispensary sites in the outer islands.

107. In fiscal year 1995, the Government allotted $6.7 million for health services, almost 8 per cent of the national budget. This sum included a two-year block grant of $241,036 for maternal and child care, $226,694 for immunization, and $194,000 for family planning.

108. Both of the urban centres - Majuro and Ebeye - are served by a hospital with adjacent preventive services facilities, including public health. The Majuro hospital is an 80-bed facility constructed in 1986. It serves as the central referral facility for the Marshall Islands. Ebeye hospital, designed as a 25-bed facility, has 30 to 50 beds serving Ebeye Island and the islands surrounding Kwajalein Atoll. Both centres offer a full range of preventive and primary care services and basic secondary care services. In 1993, the Majuro hospital had 2,960 inpatients and 58,657 outpatient visits. However, there is a critical shortage of trained medical personnel. Currently, many health-care providers deliver services beyond their level of experience and training. Specialized care services are available only through costly overseas referrals to Hawaii and the Philippines.

109. The Ministry of Health and Environment presently employs 21 primary care physicians: 9 at the Majuro hospital, 10 at the Ebeye hospital and 2 in the national Bureau of Primary Health Care Services. In addition, the Ministry employs two physicians for the people of the Marshall Islands who were most directly affected by the United States Nuclear Testing Programme. At the present time, there is only one private physician in the Marshall Islands. As for dental professionals, the Ministry employs three dentists: two at Majuro and one at Ebeye. There are no private dentists in the Marshall Islands. The Ministry currently does not employ a registered dietician. A dietician is being recruited for the Bureau of Primary Health Care.

110. Outer island communities are provided medical care services by community health workers based at the local dispensaries. Only the most rudimentary primary health-care services are available. The dispensaries are staffed by health assistants, predominantly male, who have had limited formal training. The health assistants are members of the community who have been selected for training by the community councils. Most are high school graduates with 18 months of training in emergency medical care, treatment of common illnesses, and primary health care. Ongoing continuing education is provided yearly by bringing the health assistants into Majuro for a 30-day retraining period. The outer island dispensary system is designed as a triage system whereby the health assistant has 24-hour access to a physician for

consultation in emergency or difficult cases. Due to a shortage of trained health assistants, not all of the 60 dispensary sites are staffed: currently, two sites are not staffed.

111. In addition to the health workers, many communities have traditional birth attendants (TBAs), mainly older Marshallese women who have received training in the traditional art of birthing from their mothers or grandmothers. The Health Ministry has launched an effort to train the TBAs in modern medical approaches to childbirth.

112. While the Ministry of Health and Environment has achieved considerable progress in extending services to residents of the outer islands, many outer island dispensary sites operate without the full range of primary health-care services. The remoteness and small populations of the outer islands make it expensive and difficult to provide and supervise health-care services.

113. The Marshall Islands is entering a critical period in the development of its health-care system. Increasing pressures are placed on the health system by a high rate of population growth and the prospect of diminished health funding.

114. While financial support is largely directed towards hospital-based curative services, many major causes of morbidity and mortality remain largely unattended. The infant mortality rate remains high due to malnutrition, respiratory infection and diarrhoeal disease. There is widespread vitamin A deficiency in children. Adult mortality rates are high because of such lifestyle diseases as diabetes, hypertension, stroke and myocardial infarction. A sizeable portion of the Marshallese public is affected by alcohol abuse. High rates of STDs render the population vulnerable to AIDS.

115. Interventions indicated for priority attention include: community-based primary health care; population policy and family planning; improved care for mothers and children; and lifestyle changes, especially relating to diet and alcohol consumption.

116. The Government has adopted the primary health-care approach to health-care delivery. This has led to such measures as greater attention to the outer island dispensary system. Full implementation of primary health care is taking place under the current Health and Population Project with the financial support of the Asian Development Bank. The Project will seek to devise a health-care system that is affordable and appropriate for the island nation. By improving prevention and screening, the Project will seek to diminish the proportion of health funding devoted to hospital-based services and costly overseas medical referrals for specialized care.

117. One of the primary health-care objectives of the Health and Population Project will be to ensure that Marshallese children have adequate nutrition and safe drinking water supplies.

118. Also, one of the greatest health-care needs of the Marshall Islands is to develop trained personnel at all levels, especially Marshallese physicians. There is also a need to increase the number of women in health careers to improve the access of women to health care.

119. Maternal and child health programmes and services. The largest division within the Bureau of Primary Health Care is the Division of Public Health. This division operates six major programmes, including the MCH programme mentioned earlier.

120. The MCH programme provides and coordinates a broad range of preventive and primary health-care services for all mothers, infants and children and coordinates comprehensive services for those children with special health-care needs. Due to the relatively small population of the Marshall Islands, the MCH programme is also the primary provider of services to its target populations. Few other programmes of assistance are available to mothers, infants, children, and children with special health needs. The MCH services include prenatal care, with special high-risk prenatal clinics; post-partum care; well child care, including immunization; high-risk paediatric clinics; school health programmes; coordination of family planning services; and the provision or coordination of care for children with special health-care needs. No fees are charged for any of these services.

121. Improvements planned in MCH services. To increase the well-being of mothers and children throughout the nation, the Marshall Islands MCH programme will be taking measures to:

(a) Increase the proportion of pregnant women receiving prenatal care in the first trimester;

(b) Decrease the infant mortality rate;

(c) Decrease the incidence of anaemia in women of child-bearing age;

(d) Decrease the teenage pregnancy rate;

(e) Increase the immunization rate for one-year-olds;

(f) Increase the proportion of children under five years of age receiving paediatric growth monitoring; and

(g) Increase the proportion of mothers bringing their children to well child clinics who receive nutrition education.

122. To achieve these ends, the MCH office in Majuro will improve its present systems of record-keeping, project-monitoring and delivery of services to all service delivery areas within the nation.

123. Financial access to care. Every citizen who is resident in the Marshall Islands is covered under the national health-care programme. Non-citizens residing in the Marshall Islands may also enrol. Under the programme, patients are charged a nominal $2.00 co-payment fee for each visit or admission to Majuro or Ebeye hospital.

124. Non-citizens not enrolled in the national health-care system are charged average recovery cost amounts of $17.00 for a visit to an outpatient clinic and $115.00 for each day of hospitalization.

125. Patients at the outer island dispensaries are charged $0.50 per visit and $5.00 for the delivery of a child. However, the people are treated even

if they do not pay. Currently, the fees that dispensaries collect are forwarded to the Ministry's Health Care Revenue Fund in Majuro. By January 1997, the Ministry plans to develop a procedure by which community health committees collect and retain user fees for dispensary services.

126. Under the national health-care system, patient fees collected at the two urban hospitals are deposited in a Revenue Fund supporting the costs of health care. A much larger contribution is made to the Social Security Health Fund. All employed persons in the Marshall Islands contribute 2.5 per cent of the first $20,000 of their gross salaries to the Social Security Health Fund, with a matching amount contributed by the employer. This fund operates in part as a health insurance system (paying for overseas medical referrals, including travel, accommodation and associated expenses for the patient and, when necessary, medical and family escorts) and in part as a general health-funding mechanism (providing pharmaceuticals, medical and laboratory supplies, equipment and training for medical staff). The Revenue Fund and the Social Security Health Fund are administered by the Marshall Islands Social Security Administration under the direction of a board of directors chaired by the Minister of Health and Environment.

127. Health status of children. Collecting and collating data from a variety of sources, the Bureau of Health Planning and Statistics within the Health Ministry assembled the data on the health status of children. The principal sources of these data were the Marshall Islands MCH programme, the monthly reports of mortality and morbidity from the hospitals and dispensaries and extrapolations of population growth from the 1988 national census. The principal conclusions to be drawn from the data collected are summarized in the following paragraphs.

128. The proportion of pregnant women who received prenatal care during the first trimester apparently declined from about four fifths in 1993 to one third in 1994. The Ministry of Health and Environment does not have an explanation for the decline; however, it may in part be due to under-reporting.

129. Of the women of child-bearing age, 77.4 per cent have heard of family planning and 36.7 per cent are using at least one method of birth control, of whom 45 per cent have had tubal ligations.

130. An HIV-infected Marshallese women gave birth to an infant in 1995, the first such incident recorded.

131. Twenty per cent of live births in the Marshall Islands in 1994 occurred to teenage women. The same teenage pregnancy rate occurred in 1993, when the 20 per cent rate represented a reduction from the 22 per cent rate in 1992. There was a slight increase in pregnancies among girls younger than 15 years of age.

132. No maternal mortality was reported in the three-year period under examination (1992-1994).

133. In 1994 there was a slight decline in the proportion of births occurring in a hospital, from 86 per cent in 1993 to 78 per cent in 1994.

134. The percentage of infants with low birthweight declined marginally in 1994 to 14.4 per cent from 14.5 per cent in 1993. The percentage of infants with very low birth weight declined to below 1 per cent. In 1989 and 1990 the percentages of infants with low birth weight were 8.83 and 10.90, respectively. The difference in these percentages from the 1993-1994 figures may reflect better reporting.

135. The apparent foetal death rate rose from 6 per 1,000 in 1993 to 14.43 per 1,000 in 1994. However, the Ministry believes the increase reflects improved reporting of live births versus foetal deaths.

136. The infant mortality rate declined from 32 per 1,000 in 1992 to 24 per 1,000 in 1994. (The infant mortality rates of recent years show improvement over the health conditions reported in the 1988 census, which showed an infant mortality rate of 63 per 1,000 and was based on 1986 data on the health of infants. An estimated average infant mortality rate for the five-year period 1989-1993 has been determined to be 28.63 per 1,000. It may be assumed that the infant deaths have been significantly under-reported. From the extensive data of the 1988 census, the Office of Planning and Statistics calculated that 57 per cent of adult deaths - and, by implication, other vital statistics - in the Marshall Islands had gone unreported. If the 1989-1993 average infant mortality rate were corrected by the 57 per cent factor, the rate would be approximately 50.22 per 1,000. Even with this adjustment, the average of the past five years represents a significant decrease in the 63 per 1,000 infant mortality rate of the mid-1980s. This 20.3 per cent decrease in infant mortality may be attributed to improved health programmes for mothers and their babies.)

137. The rate of neonatal mortality (i.e. for children less than three weeks old) rose from 16 to 20 per 1,000 from 1993 to 1994, while the post-neonatal mortality rate dropped from 8 to 4 per 1,000.

138. In 1994, 32 infants less than one year of age died. The causes of their mortality, in order of prevalence, were sepsis (10), prematurity (9), birth complications (4), haemorrhagic disease of the newborn (3), dehydration secondary to diarrhoea (3), congenital abnormality (2) and pneumonia (1).

139. The leading causes of morbidity in children less than five years old (11,353 in number) were all preventable conditions. In order of prevalence, these illnesses were respiratory problems (246/1,000), gastrointestinal problems (38/1,000), ear infection (10/1,000), sickness related to nutrition (9/1,000) and skin diseases (9/1,000).

140. The leading causes of morbidity in older children ages 5 through 15 (18,441 in number) were also largely preventable. In order of the number of cases, they were gastrointestinal problems (54/1,000), respiratory disease (44/1,000), skin infection (33/1,000), injury (20/1,000) and ear and mastoid problems (19/1,000).

141. Although improved over 1993, the 1994 rates of immunization coverage in infants in the first 12 months of life are still unsatisfactory, e.g. MMR1 59 per cent, DPT3 67 per cent, OPV3 62 per cent, HBV3 46 per cent and BCG 96 per cent.

142. Two deaths related to tuberculosis were the only vaccine-preventable deaths that occurred in the Marshall Islands in 1994.

143. Dental examinations of schoolchildren in 1994 in the 6-8 and 14-15 age cohorts revealed high rates of tooth decay: 77.4 per cent and 85.7 per cent respectively. Comparable data do not exist for previous years.

144. Six Marshallese children died in 1994 from accidental injuries, twice as many as in 1993.

145. The rate of severe malnutrition in children (ages 1-19) increased from 91 (3.03/1,000) in 1993 to 126 (4.02/1,000) in 1994.

146. The proportion of children (ages 1-19) with tuberculosis increased from 0.9 per 1,000 in 1993 to 1.2 per 1,000 in 1994.

147. The Health Ministry possesses no meaningful data on the incidence of hepatitis B in children or adults during the three-year period 1992-1994.

148. The incidence of chronic otitis media in Marshallese children was found to be 46 per 1,000 in 1994. No data are available for earlier years on this condition of the middle ear.

149. Further indicators of health status are found in the National Nutrition Survey of 1991, which showed that 30 per cent of pre-school children suffered from moderate to severe malnutrition of whom some 24 per cent exhibited stunted growth indicating long-term and continuous malnutrition. In addition, iron deficiency anaemia, blindness from vitamin A deficiency and kwashiorkor were reported as commonplace. Nationwide, 4 per cent of pre-school children had signs and symptoms of vitamin A deficiency requiring immediate supplementation. In Majuro 8 per cent of the children were found to suffer from severe vitamin A deficiency, 46 per cent from moderate deficiency, and 37 per cent from slight deficiency.

D. Harmful traditional practices

150. There are no harmful traditional practices currently observed in the Marshall Islands.

E. Social security/child-care services and facilities

151. Social security. For nearly three decades, workers in the Marshall Islands and their immediate families have benefited from a social security insurance system financed by payroll deductions of salaried employees and quarterly contributions from employers. The programme is administered by the Marshall Islands Social Security Administration.

152. Retirement benefits are paid to every person who has 40 covered quarters, has attained age 60, has filed an application for retirement benefits, and does not earn more than a specified amount. Benefits are also paid to surviving spouses of deceased workers, as long as they do not remarry or earn more than a specific amount. Surviving children who are not married and not earning more than the specified limit also may receive benefits until age 18 or, if in school, up until age 22. Eligible children who become disabled before age 22 will continue to receive benefits for the duration of

the disability. Disability benefits are paid to qualified workers for the duration of the disability or until retirement or death at which time retirement or survivor benefits become available. Benefits are also paid to surviving parents.

153. Effective January 1989, benefits were paid monthly and were computed upon an annual basis of 16.5 per cent of the first $11,000 of cumulative covered earnings, plus 2.7 per cent of the next $33,000 and 1.35 per cent of any earnings in excess of $44,000. The minimum benefit is $116.00 per month.

154. Contributions to the Fund are governed by the Marshall Islands Social Security Act of 1987. The percentage of an employee's income taxed for social security has increased during the past decade. Prior to 1 July 1990, the rate was 3 per cent. From 1 July 1990 until 30 June 1995, the rate stood at 5 per cent. The current rate is 6 per cent. The maximum quarterly taxable wages is $5,000. Every employer is required to contribute an amount equal to that contributed by employees.

155. The Marshall Islands Social Security System succeeded the Trust Territory Social Security Retirement System, which was established on 1 July 1968 by the Government of the Trust Territory of the Pacific Islands to serve the residents of the Caroline, Mariana and Marshall Islands. As of January 1996, the Marshall Islands system had paid over $418,000 monthly to over 2,000 workers or their survivors. The number of beneficiaries is projected to increase by 900 in 1996.

156. Child-care services and facilities. The Marshall Islands does not require that child-care services be provided to working parents. Nevertheless, child-care services are generally available. Commercial child-care facilities, including after-hours supervision at private schools, have operated at both Majuro and Ebeye. However, most child-care needs are met by the traditional Marshallese extended family. While only a small percentage of mothers of young children are employed as wage earners, child care in these situations is usually provided by a grandmother, aunt or sister of the child in need of such care. The extended family also provides child care for mothers attending high school, college or professional training, including training overseas.

F. Standard of living

157. According to the Office of Planning and Statistics, the Marshall Islands has a per capita nominal gross domestic product (GDP) of approximately $1,400-$1,600. Looking at these figures, one might tend to conclude that the Marshall Islands has a fairly high standard of living as compared with other developing countries. This perception is incorrect. The relatively high per capita GDP in the Marshall Islands is due to a large inflow of foreign aid from the United States under the Compact of Free Association. Such aid contributes nearly two thirds of government expenditure and nearly 60 per cent of GDP. In 2001, the United States assistance under the Compact is due to end. Various estimates, including those of the Asian Development Bank, indicate that without aid from the United States, the per capita GDP would fall to a range of about $200-$600.

158. In addition to this impending loss of aid, the country's population is growing at over 3.6 per cent per annum. The country's own economic base for

establishing a process of self-sustaining growth is weak. The economy is characterized by a small land area of 70.5 square miles, poor, porous coral soil, remoteness from world markets, a severe shortage of human resource skills, as well as a shortage of entrepreneurship and capital funds.

159. If one were to measure the country's standard of living in terms of the real value of the per capita GDP, one would find the standard to be low. In the case of many developing countries it has been recognized by the United Nations that the use of the official exchange rates between the United States dollar and the currencies of those countries results in artificially and significantly underestimating their per capital GDP. Hence the United Nations International Comparison Project has developed measures of real GDP on an internationally comparable scale using the purchasing power parities instead of official exchange rates as conversion factors (Human Development Report, 1990). The resulting figures showed a significant increase in the real per capita GDP figures of these developing countries (not the Marshall Islands). This was a reflection of the fact that in those countries many goods and services are domestically produced at absolute price levels much lower than in developed countries such as the United States.

160. The situation in the Marshall Islands is exactly the opposite. Most goods and services consumed in the Marshalls are produced in the United States. The Office of Planning and Statistics believes the purchasing power of the per capita GDP in Marshall Islands should be measured by using the absolute price level in the United States. This will actually deflate the purchasing power of the Marshall Islands' per capita GDP rather than increase it. There is no easy way of doing this. However, a rough measure offered by the Office of Planning and Statistics would be to ask in what income bracket would one fall in the United States with a per capita income of $1,400 to $1,600 per year. Considering that in 1990 the per capita income of the United States was $20,190, the answer to the above question would be in the lowest (poorest) income bracket. Even if one takes into account the fact that most Marshallese do not pay rent in the form of cash, and most Marshallese can supplement their incomes with subsistence activities, their per capita income would still place them in the poorest income bracket.

161. The low standard of living in the Marshall Islands is also borne out by other indicators. A recent World Bank study on the health situation in the Marshalls says that although the nominal per capita GDP is relatively high because of the inflow of United States economic aid, the health situation does not resemble that in countries of comparable average income. It noted, for instance, that the 1988 census indicated a relatively high infant mortality level at 63 per 1,000 live births and a low life expectancy of 59.6 years for males and 62.6 years for females. In fact, based on the data given in the Human Development Report, 1990 it appears that the average life expectancy in the Marshall Islands is only slightly above the average for all developing countries and not much above the average for all least developed countries.

162. According to the 1991 National Nutrition Survey, 17 per cent of the deaths among young children under the age of six are due to malnutrition. Among adults most causes of death are due to lifestyle factors arising from the consumption of, among other things, sugar and junk foods. A 1987 UNICEF report on Marshallese children observed as follows: "it is certain there are a significant number of families, particularly urban families, who cannot

afford a nutritious diet since urban food production is extremely limited and nutritious foods in stores are prohibitively expensive to all but high wage earners".

163. No reliable figures are available on income distribution in the Marshall Islands. A two-week survey indicates that the highest income-earning 22 per cent of families had a per capita income of $1,248 per year as compared with only $208 for the lowest 22 per cent of households. The 1991 Household Income and Expenditure Survey done by the Office of Planning and Statistics showed that the per capita income per annum of the lowest 20 per cent of households in Majuro was $843 as compared with $3,121 for the highest 20 per cent. The survey indicated that 56 per cent of the total income went to the lowest 80 per cent of income earners and the remaining 44 per cent went to the highest 20 per cent of income receivers.

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

A. Education

164. As noted under section III.C, article II, section 15, of the Constitution recognizes the right of the people to education and the Government's obligation to take every step reasonable and necessary to provide such services. To this end, the Government has enacted a comprehensive education code, the Education Act. The Education Act, in part, states:

> "[The Government is] to provide a thorough and efficient system of education, to provide all children in the Republic, regardless of socio-economic status, handicap, or geographical location, the educational opportunity that will prepare them to develop into self-reliant individuals and to function socially, politically and economically in society."
>
> "Attendance at a public or non-public elementary school shall be compulsory for all school aged children between the ages of 6 and 14."
>
> "Any parent, guardian, or other person having the responsibility for or care of a child whose attendance at school is obligatory shall send the child to school."
>
> "... [A]ny parent, guardian, or other person having custody of a child who is found delinquent and placed on probation may be subject to the penalties provided under Section 308 of the Juvenile Procedure Act ..."

165. To educate the children as called for in the Constitution and the Education Act, the Government in fiscal year 1995 budgeted approximately $12,375,000, over 14 per cent of its revenues, for education. This allocation was the highest of any other ministry or subsidized agency. Unfortunately, too large a portion of the budget was spent for personnel: 75 per cent was spent on personnel while only 3 per cent was allocated to public elementary education for other than personnel costs and less than 1 per cent was allocated to public secondary education for other than personnel costs. The remaining 21 per cent went to scholarships, central administration and private schools (5 per cent). This allocation leaves the teachers with insufficient funds for the materials and supplies they need to do their jobs well.

166. In addition to the budget allocation for elementary schools, public elementary students on Majuro and Kwajalein pay an annual registration fee of $10. These monies are to be used as "petty cash" to purchase supplies needed at the individual schools. Outer island elementary schools are free of any charges.

167. In addition to the budget allocation for secondary schools, the public high school students pay an annual registration fee of $20 and the private high school students pay tuition fees ranging from $35 to $315 per quarter. The registration fees collected by the public high schools are used for supplies and equipment.

1. Elementary education

168. Public and private schools. In the 1994/95 school year, 13,355 students enrolled in public or private elementary schools. Enrolment is up by over 1,550 students since 1991/92. A total of 76 public elementary schools account for about 73 per cent of the elementary-level students with the private schools accounting for the remaining 27 per cent. The private elementary schools include 10 operated by the United Church of Christ, 6 by the Catholic Church, 4 by the Assembly of God, 8 by the Seventh Day Adventists, and 2 non-religious schools (one on Majuro and another on Ebeye).

169. In the 1994/95 school year, actual enrolment for private and public elementary schools was as follows:

Public school:	Boys - 5,044	Girls - 4,705	Total - 9,749
Private school:	Boys - 1,807	Girls - 1,799	Total - 3,606

170. It has been estimated that in 1992, 78 per cent of the elementary school-aged children attended classes. This means that approximately 3,000 children aged 6-14 did not attend school.

171. In addition to the elementary school system, the Marshall Islands Head Start Programme serves 1,200 five-year-olds. This programme receives a special grant from the United States and operates from 38 centres with 63 classrooms and teachers throughout the Marshall Islands. There are also a few private pre-schools operating in Majuro and Ebeye.

172. Constraints. For Majuro and Ebeye the major constraint for the elementary schools is the high density of the school-age population. Majuro and Ebeye attempt to accommodate high enrolments with split sessions and fewer student contact hours. However, large classes, crowded classrooms, reduced contact hours and low teacher morale account for the low achievement and high drop-out rates among elementary students. For each cohort beginning the first grade approximately 30 per cent will drop out before the seventh grade. Sixty per cent will drop out before the ninth grade and about 33 per cent will complete high school.

173. The problems experienced by students and schools in the outer atolls, though different and due primarily to their remote locations and small size and numbers, are very serious too. These schools are cut off by extremely limited communication and transportation and have been attenuated by the exodus of children over six years of age to urban centres. Also, outer island

schools have multi-grade classes, little supervision and discipline, and poor logistical support. Often, these schools suffer from an inefficient dispersion of teachers, particularly in the remotest areas.

174. Another constraint for the elementary schools is the level of training among teachers. Of the 346 public school elementary teachers, 52 per cent have not completed an associate degree for teaching certification. While the Ministry of Education and the College of the Marshall Islands (CMI) are making efforts to improve the qualifications of teachers, it will be some time before all the teachers are degree-holders. Programmes for increasing the number of college gradates in the teaching ranks include sabbaticals and in-service time for elementary and secondary school teachers to attend CMI and the University of Guam. Since 1993, over 200 teachers have participated in these programmes, producing a total of 41 graduates: 10 baccalaureate and 31 associate degrees.

175. Using resources from an Asian Development Bank (ADB) loan, the Ministry of Education has begun to restructure the elementary curriculum. During the past year the Ministry has developed standards and content concerning what elementary students should know, be able to do, and care about. This curriculum is being developed to build an appreciation of the Marshallese traditions and culture and current environmental and health issues. Additionally, the ADB project will assist with the construction of water catchments and toilet facilities for the elementary schools. Catchments and toilets for Majuro have been completed, and work continues on approximately 50 outer islands schools.

2. Secondary education

176. Policy. It is the Government's policy to make secondary education (i.e. grades 9 through 12) available to students who reach the age of 14 years and have graduated from elementary school. However, student access to secondary schooling is very low. Only 2,400 secondary school-aged children (15-19 years of age) out of a total of 6,179 were enrolled in the 1994/95 academic year. This was only 38.7 per cent of the age group; females consisted of 1,221 enrollees (51 per cent) and males numbered 1,179 (49 per cent). The remaining secondary school-aged children, 61.3 per cent of those in the 15-19 age group, were not in school.

177. As stated in the Second Five-Year Development Plan, an objective of the Government is to have public high schools provide a general education with an emphasis on vocational training. In the 1994/95 school year, approximately 98 per cent of the students were enrolled in vocational training, including agricultural, woodworking, small engine repair, construction trades, home economics, drafting, electricity and clerical work.

178. Public and private schools. There are two public secondary schools in the Marshall Islands and 10 private secondary schools. These schools have a total enrolment of 2,400:

Public high schools:	Boys - 477	Girls - 520	Total - 997
Private high schools:	Boys - 702	Girls - 701	Total - 1,403

179. Of the two public high schools, one is located in Majuro and the other on the atoll of Jaluit. Approximately 250 students attend Jaluit High School

with the remaining 647 students attending Marshall Islands High School in Majuro. A third public high school is under construction on Wotje Atoll.

180. To qualify for public secondary school, incoming ninth graders must score above a certain level on an entrance test. However, many incoming ninth graders read at only a third grade level. Currently, the Ministry of Education is working towards a common curriculum for the two public high schools.

181. The private secondary schools are located on Majuro, Ailinglaplap and Kwajalein Atolls. Of the 12 secondary schools, only one, Assumption High School in Majuro, is accredited. Marshall Islands High School in Majuro has conducted a self-study and submitted a report for the 1994/95 school year to the Western Association of Schools and Colleges in the hopes of obtaining accreditation. However, it was unsuccessful. Of the 12 secondary schools, one is operated by the United Church of Christ, 2 by the Catholic Church, 2 by the Assembly of God and 2 by the Seventh Day Adventists.

182. Between 1993 and 1995 graduation rates for girls varied from 51 to 52 per cent; over the same period 53 to 64 per cent of boys graduated from secondary school. This means that slightly more than half (52 per cent) of the girls that entered ninth grade made it through grade 12. For boys, 58 per cent completed grade 12.

183. As with elementary education, a major constraint for secondary education is the lack of qualified teachers. Of the 300 secondary education teachers, 30 per cent have not completed the Associate degree for full teaching certification.

B. Handicapped students

184. The Education Act also establishes the legal framework for supplementary services to handicapped children. The target population and services are defined as follows:

> "'Handicapped child' includes any person under 21 years of age who, because of visual, auditory, language, behavioural, physical or other health programmes or any other conditions, as determined by the Ministry [of Education], ... cannot function in a normal school environment without assistance."
>
> "'Special education' means instructional or other services necessary to assist handicapped children in taking advantage of or responding to educational programmes and opportunities."

185. Under the mandate of the Education Act, the Ministry's Special Education Programme prepares a written individualized education programme for each child referred for assistance. A child is determined to be eligible for participation in the programme through a multidisciplinary assessment. The plan, developed with parental participation, indicates the child's specific educational needs, the goals and educational objectives to be pursued during the plan's time period, the instructional and related services to be provided by the school, and a strategy for evaluating whether the child has attained the educational objective. Related services are provided to enable the student to benefit from the special education.

186. The number of disabled children and youth identified and served by the Special Education Programme in recent years is summarized below:

Special education clients

School year	Referrals	Eligible	Served
1991-92	130	130	130
1992-93	324	204	204
1993-94	811	660	550
1994-95	990	793	793

187. During this four-year period, nearly every child sufficiently handicapped to qualify for special education services was served by the programme. The programme serves a clientele between the ages of 4 and 21. In the 1993/94 school year, approximately 2 per cent of the children and youth in this age group were served by the programme; in 1994/95 nearly 3 per cent of the age group received service.

188. At this time, there are Special Education outlets on every island and atoll in the Marshalls. Also planned for the future are 28 outer island learning centres. These centres will be outfitted with solar power units and audiovisual equipment along with appropriate teaching materials for special education.

189. The goal of special education is consistent with the overriding goal for the Ministry of Education: to assist students to become independent learners, self-reliant, productive and responsible citizens.

190. The major constraints for the Special Education Programme consists mainly of logistical problems. In particular, the remoteness of many outer islands makes it extremely difficult to plan for and ship supplies. Also, with so many outer island centres, proper supervision is difficult to establish and sustain. As with secondary and elementary education, staffing the Special Education centres with qualified personnel is a problem.

C. Leisure and recreation

191. Sports and recreation-related activities are coordinated by the Sports and Recreation Division of the Ministry of Social Services. The basic mission of the Division is to plan, organize, facilitate and coordinate competitive sports and recreational activities in the Marshall Islands.

192. Great attention is given to organized sports activities for youth. The Majuro Atoll local government and the Ministry of Social Services sponsor a junior basketball league (375 boys in 1994), a junior volleyball league (450 girls in 1994), and basketball and volleyball leagues for high school students (265 in 1994). The national government police force and the Ministry of Social Services are also involved in sponsoring little league baseball (400 from 9 to 12 years old in 1994). Additionally, the Ministry is involved in community-level sports activities including softball league (200 in 1994) and basketball league (300 in 1994) and track and field competitions for boys and girls below 18 years of age (500 in 1994).

193. Sports facilities have been constructed by different agencies and NGOs. In Majuro, the local government has constructed several lighted basketball/volleyball courts. Also in Majuro, the Ministry of Social Services maintains a lighted tennis court, and there are two private courts. On Ebeye, the Kwajalein Atoll Development Authority, a statutory corporation, has constructed a tennis court and basketball court. On the outer islands of Arno, Maloelap, Kili and Enewetak, the communities have constructed basketball/volleyball courts with financial assistance from community development grants.

D. Cultural activities

194. As noted in section IV.D of this report, a number of publications have been printed to promote the Marshallese language and customs. In addition to these publications, Marshallese language and culture are studied in the schools. At the elementary school level Marshallese is taught in grades 1 through 8, as is social studies. The social studies courses include the histories of the Marshall Islands and other Micronesian islands, as well as world history. At the secondary school level instruction is also given in the Marshallese language and culture. At the college level, the College of the Marshall Islands has a Marshallese studies programme and instruction in Marshallese orthography.

VIII. SPECIAL PROTECTION MEASURES

A. Children in situations of emergency

1. Refugee children (art. 22)

195. As noted earlier, there are no refugee children in the Marshall Islands.

2. Children in armed conflict (art. 38), including physical and psychological recovery and social reintegration (art. 39)

196. As noted earlier, there are no children in the Marshall Islands who have been displaced by armed conflict.

B. Children in conflict with the law

1. Administration of juvenile justice (art.40)

197. Under the Juvenile Procedure Act, section 302, the courts adopt flexible procedures in the administration of juvenile cases, including obtaining welfare or probation reports prior to hearings; holding hearings informally in closed sessions; questioning parents; and releasing children into the custody of their parents.

198. In addition to these procedures, article II of the Constitution provides children with the full range of the internationally recognized rights for persons accused of committing offences, including the following: freedom from unreasonable search and seizure; due process; the presumption of innocence; conviction only on proof beyond a reasonable doubt; reasonable bail; notice of the charges; a speedy public trial; adequate facilities for defence; legal assistance; compulsory process for obtaining witnesses; the right to a jury

trial where the punishment can be three years' imprisonment or more; the right to remain silent; freedom from coercive interrogation; freedom from double jeopardy; freedom from cruel and unusual punishment; habeas corpus; freedom from ex post facto punishment or bills of attainder; the right to personal autonomy and privacy; and the right to judicial process including appeal.

199. Over the past three years, there hae been over 200 juvenile cases. Most cases involve multiple defendants, so the number of juveniles charged with offences is much higher - as many as 400. The majority of cases involve misdemeanours such as breach of curfew, drunk and disorderly conduct, traffic violations, malicious mischief and simple assault. In about 95 per cent of the cases, the court finds the juveniles guilty.

2. Children deprived of liberty

200. This topic is covered in section II, paragraphs 21-24.

3. Sentencing of juveniles

201. This topic is also covered in section II, paragraphs 21-24.

4. Physical and psychological recovery and reintegration

202. The physical and psychological recovery and reintegration of juvenile delinquents has not been an issue. Detention in the Marshall Islands does not impose a barrier between the detainees and their families. The Marshall Islands with its limited land has only two small jails: one on Majuro and the other on Ebeye. Family members can have access to detainees at almost any hour of the day and night and often bring them food and clean clothes. On Sundays, local church groups go to the jails and pray with the detainees. Even when detained, juvenile offenders are not cut off from their families and the community.

203. Also, when juveniles are placed on probation or incarcerated, the courts will order the probation officer to determine whether the child can be enrolled in educational or training programmes. And in cases involving alcohol, the court will refer the child to the local Alcoholics Anonymous programme. However, as noted above, alcohol abuse is a serious problem that is not being adequately addressed.

C. Children in situations of exploitation (art. 39)

1. Economic exploitation, including child labour (art. 32)

204. This has not been an issue in the Marshall Islands - we have very little industry. Our major exports are copra and fish. Although commercial fishing is dangerous, most of the fish are caught by foreign fishing vessels manned by alien adults. Copra production, on the other hand, is not hazardous and is conducted only on an occasional basis.

2. Drug abuse (art. 33)

205. The use of drugs (i.e. marijuana and cocaine) is very limited and there is no evidence that children are being exploited in connection with drug use or trafficking.

3. Sexual exploitation/sexual abuse (art. 34)

206. Although the sexual abuse of children does occur, it is limited and there are no reported cases of child prostitution. During the past three years, there have been only two reported cases of the sexual exploitation of children, and these cases have involved expatriates.

4. Sale, trafficking and abduction of children (art. 35)

207. There have been no reported cases of the sale, trafficking or abduction of children. The Marshall Islands are still relatively isolated, and Marshallese families remain very caring and protective of their children.

D. Children belonging to minority or an indigenous group (art. 30)

208. As discussed above in section III.A, the question of minority or indigenous children does not arise because the vast majority of the population is indigenous Marshallese.